

ANNUITANT/OWNERSHIP SERVICE FORM



Mail, Email or Fax completed form to:
 Pacific Guardian Life Insurance Company
 1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814
 Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

Contact us:
 Policyholder Service: (800) 367-5354
 ClientRelations@pacificguardian.com

CURRENT INFORMATION		
Owner Name (First, Middle, Last)	Social Security Number	Policy Number
Annuitant Name (First, Middle, Last)	Social Security Number	Policy Number
Joint Owner Name (First, Middle, Last)	Social Security Number	Policy Number
Joint Annuitant Name (First, Middle, Last)	Social Security Number	Policy Number

ADDRESS/EMAIL CHANGE	
<input type="checkbox"/> Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Joint Owner <input type="checkbox"/> Joint Annuitant	
Previous Address (Street, City, State, Zip Code)	Old Telephone Number
<input type="checkbox"/> Physical Address <input type="checkbox"/> Mailing Address	
New Address (Street, City, State, Zip Code)	New Telephone Number
Old Email Address	New Email Address

NAME CHANGE	
<input type="checkbox"/> Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Joint Owner <input type="checkbox"/> Joint Annuitant	
Previous Name (First, Middle, Last)	New Name (First, Middle, Last)
Reason: <input type="checkbox"/> Court Order* <input type="checkbox"/> Marriage* <input type="checkbox"/> Divorce* <input type="checkbox"/> Other	
*Please send a copy of legal documents	

OWNERSHIP CHANGE	
_____ agrees to unconditionally and irrevocably release all rights and privileges of ownership associated with this contract, and directs Pacific Guardian Life to transfer these rights and privileges to	
Current Owner Name	_____
<input type="checkbox"/> Check if <u>adding</u> a Joint Owner	New Owner Name (First, Middle, Last)
New Owner Social Security Number	Relationship to Annuitant
_____	Birth Date
_____	Phone Number
New Owner Address	
<i>If there is a Trust involved, Trust paperwork MUST be submitted.</i>	
Ownership change has important legal and tax implications. Please read your policy and check with your legal tax advisor before completing this form. The new owner's beneficiary designation should be completed and submitted with this form.	

ANNUITANT CHANGE	
<input type="checkbox"/> Check if <u>adding</u> a Joint Annuitant	
Current Annuitant Name	New Annuitant Name
_____	_____
New Annuitant Social Security Number	Relationship to Owner
_____	Birth Date
_____	Phone Number
The new Annuitant's beneficiary designation should be completed.	

AGENT CHANGE REQUEST

Change Notice: The purpose of this signed authorization is to replace any existing Agent/Agency that services the policy/contract with the New Agent/ Agency named below. This document supersedes any previous requests. The effective date of the change will be upon processing by the home office.

POLICY INFORMATION

Policy Owner Name (First, Middle, Last)	Social Security Number	Policy Number
Email	Telephone Number	
Joint Owner Name (First, Middle, Last) (if applicable)	Social Security Number	
Email	Telephone Number	

NEW AGENT INFORMATION: Only one agent is allowed to be listed as primary agent. Please list primary agent first. Additional agents will only be noted for phone support.

New Agent Name	Social Security Number	Telephone Number
Address	Email	
Agent Producer Code Number	General Agent/Broker Dealer Name	

LOST POLICY

I hereby certify that the policy has been lost or destroyed. I have no knowledge of its whereabouts, and that said policy is not assigned or pledged.

POLICY CERTIFICATE

I hereby request a duplicate of said policy (or certificate of insurance should duplicate policy forms not be available), and hereby agree that any certificate or duplicate policy issued shall create no liability on the part of Pacific Guardian Life (PGL) other than that set out in the original policy. If at any time the original policy is found, such certificate or duplicate policy will be null and void and immediately returned to PGL.

AUTHORIZATION AND ACCEPTANCE

Please refer to your contract for the specific terms and conditions of the changes requested on this form. No person, firm, or corporation other than the undersigned has any interest in this policy. There are no insolvency or bankruptcy proceedings that have been instituted or are pending against the undersigned. **To the best of my knowledge, I certify that the above information is correct.**

I UNDERSTAND AND ACCEPT THAT, IN THE EVENT OF THE DEATH OF ONE OWNER, THE SECOND OWNER WILL BECOME THE SOLE OWNER OF THE POLICY OVERRIDING ANY BENEFICIARY DESIGNATIONS LISTED ON THE POLICY APPLICATION OR ANY CHANGE IN BENEFICIARY(IES).

Owner Signature:	Date:	New Owner Signature:	Date:
Joint Owner Signature:	Date:	Joint New Owner Signature:	Date:
Parent/Legal Guardian: (If Annuity owner is a minor)	Date:	As the New Annuitant, I am aware and understand that I have no ownership rights in the contract. New Annuitant's Signature: _____ Date: _____	

MARITAL STATUS and CONSENT OF SPOUSE

Owner Marital Status (Select One)

Single Married Widowed Divorced

Consent of spouse must be signed if the following conditions are present:

Community property state: You live in a community property state or jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Guam, and Puerto Rico), your spouse is living, and you are changing Ownership or Annuitant.

Name of Spouse (First, Middle, Last)

Signature of Spouse

Date (mm/dd/yyyy)