



Sagicor Life Insurance Company
4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251
(888) 724-4267 / Fax: (480) 425-5139

POLICY TITLE CHANGE FORM

DESCRIPTION:

Use this form to:

- Request a change of ownership for life insurance policies or annuity contracts.
- Request a change of annuitant for annuity contracts.
- Request a change of payor for life insurance policies or annuity contracts where premiums are not paid via Electronic Funds Transfer.
- Update the name of the Insured, Annuitant, Owner, Payor, or other person associated with a life insurance policy or annuity contract.

INSTRUCTIONS:

- Use complete names (John J. Smith, not J. J. Smith).
- Please print clearly using blue or black ink.
- Cross-through, initial, and date any corrections or changes. Do not use correction fluid.
- Ensure that this form is completed fully and legibly, and signed by all necessary persons.
 - All Owners must sign this form.
 - If a legal representative is signing on behalf of the Owner, supporting legal documentation is required. The representative's title must be provided in the Acknowledgement and Authorization section.
 - All trustees must sign this form if the policy is owned by a trust. Each trustee's title must be provided in the Acknowledgement and Authorization section.
 - If the policy is owned by a corporation or other business entity, the authorized representative(s) must sign this form and a corporate resolution (or similar) must be attached. Each authorized representative's title must be provided in the Acknowledgement and Authorization section.
 - If the policy is under assignment or has an irrevocable beneficiary, the assignee or irrevocable beneficiary must sign this form.
- Please refer to your policy's contract for the specific terms and conditions regarding the changes requested on this form.
- Ownership changes may have tax consequences. Contact your tax or legal advisor to discuss your specific needs.
- If the Owner is changed, any Contingent Owner is automatically revoked and must be restated.
- Not all products allow Contingent Owners. Please review your policy or contract for specific terms regarding Ownership.
- For an ownership change, all current and new Owners must sign.
- Forward this form to Sagicor Life Insurance Company (Sagicor). Confirmation of change(s) will be sent to you for your records.



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POLICY INFORMATION

Insured/Annuitant Name (First, Middle, Last)	Social Security Number
Current Owner Name (First, Middle, Last)	Social Security Number
Policy/Contract Number	Date

NAME CHANGE

Person: Insured Annuitant Owner Payor Other: _____

Reason: Court Order Marriage Divorce Other: _____

NOTE: Include a copy of legal documentation showing the name change (i.e. Court Order, Marriage Certificate, or Divorce Decree). Legal documentation must show the link between the Prior Name and the Current Name.

Prior Name (First, Middle, Last)	Current Name (First, Middle, Last)
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ANNUITANT CHANGE

NOTE: This section only applies to Annuities. Subject to terms of the contract.

New Annuitant Name (First, Middle, Last)	Social Security Number	
Residence Street Address	Date of Birth	
City	State	Zip

PAYOR CHANGE

NOTE: If premiums for this policy are paid via Electronic Funds Transfer, do not use this form to change the Payor. Instead, please use the "Authorization to Add or Change Electronic Funds Transfer" form.

New Payor Name (First, Middle, Last)	Social Security Number	
Residence Street Address	Date of Birth	
City	State	Zip
Mailing Address (if different from Residence Street Address)	E-Mail Address	
City	State	Zip



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OWNERSHIP CHANGE

The current Owner(s) agree(s) to unconditionally and irrevocably release all rights and privileges of ownership associated with this policy, and directs Sagicor to transfer these Rights and Privileges to:

Primary Owner Name (First, Middle, Last)		Social Security Number	
E-Mail Address	Date of Birth	Relationship to the Insured	
Residence Street Address		Telephone Number	
City	State	Zip	
Joint Owner Name (First, Middle, Last)		Social Security Number	
E-Mail Address	Date of Birth	Relationship to the Insured	
Residence Street Address		Telephone Number	
City	State	Zip	
Contingent Owner Name (First, Middle, Last)		Social Security Number	
E-Mail Address	Date of Birth	Relationship to the Insured	
Residence Street Address		Telephone Number	
City	State	Zip	
Contingent Owner Name (First, Middle, Last)		Social Security Number	
E-Mail Address	Date of Birth	Relationship to the Insured	
Residence Street Address		Telephone Number	
City	State	Zip	



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FEDERAL TAXPAYER IDENTIFICATION NUMBER CERTIFICATION (W-9)

Under penalties of perjury, I certify that:

- (1) The tax identification number shown on this form is correct, and
- (2) I am not subject to backup withholding either because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person (defined in the W-9 instructions), and
- (4) I am exempt from FATCA reporting.

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

ACKNOWLEDGEMENT AND AUTHORIZATION

The following applies to each person signing this Request: The undersigned certify that no person, firm, or corporation other than the undersigned has/have any interest in this policy. I hereby acknowledge that I have read and understand this Request in its entirety, and represent and certify that, to the best of my knowledge, the above information is correct.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Signature of Owner	Type or Print Name	Title	Date
Signature of Joint Owner <i>(if jointly owned)</i>	Type or Print Name	Title	Date
Signature of New Owner <i>(for Ownership Changes only)</i>	Type or Print Name	Title	Date
Signature of New Joint Owner <i>(for Ownership Changes only)</i>	Type or Print Name	Title	Date
Signature of Parent/Legal Guardian <i>(if Owner is a minor)</i>	Type or Print Name	Title	Date
Signature of Irrevocable Beneficiary <i>(if applicable)</i>	Type or Print Name	Title	Date
Signature of Assignee <i>(if policy is assigned)</i>	Type or Print Name	Title	Date