



RIGHTS CHANGE FORM

Designation of Rightsholder (Owner)

To change the rightsholder (owner) on your policy, check the appropriate box and complete the form in its entirety.

Signatures

To sign on behalf of a corporation:

1. An officer other than the Insured and other than the secretary must sign, and the signing officer must specify his/her corporate title.
2. If the only two officers in the corporation are the Insured and the secretary, please submit a statement to that effect. See below for additional signature requirements:

Professional Corporation ("PC")	Officer or Shareholder. Prefer someone who is both
Registered Limited Liability Partnership ("R.L.L.P.")	Partner
Limited Liability Company ("L.L.C.")	Member or Manager. Any other person would have to approve his/her authority under its opening agreement of Articles of Organization
Professional Service L.L.C. ("P.S.L.L.C.")	Same as L.L.C.

3. State the complete legal name of the Corporation as it appears in your Charter or Certificate of Incorporation. DO NOT use the corporate assumed name alone (its d/b/a).
4. The final beneficiary and/or rightsholder (owner) will be the Corporation's successors or assigns.

To sign for a partnership:

1. A general partner other than the insured must sign in the following manner: (state full name of the partnership)
By: _____ A limited partner may not sign for a partnership.
(Member name of firm)
2. The final beneficiary and/or rightsholder (owner) will be the Partnership's successor or assigns.

To sign on behalf of a tax-qualified plan:

1. The Qualified trustee(s) must sign in the capacity of "trustee", of the qualified/tax-sheltered plan, not individually.
2. State the full name of the tax-qualified plan as it appears in the plan.

SAMPLE WORDINGS

SAMPLE WORDINGS FOR COMPLETING RIGHTSHOLDER (OWNER) DESIGNATIONS, IF APPLICABLE.

If you wish to designate...
SINGLE RIGHTSHOLDER
a person
corporation
partnership

Please use this language...

Jane Doe, Spouse
XYZ Corporation, or its successors or assigns.
Smith and Jones, a partnership, or its successors or assigns.

TRUST RIGHTSHOLDER Usually no other rightsholder, and no FINAL rightsholder, needs to be named after this (an Irrevocable trust) designation; but, if there is a need to do so, (a revocable trust) complete the FINAL rights or send us full details and we will propose a designation for you.

John Jones (XYZ Bank) as trustee or his (its) successor trustee under an Agreement dated May 1, 1978 made by and between the Insured and said trustee.



USFL
PO Box 3016
Monroe, WI 53566-3016
Phone: 800-959-3894
Fax: (803)-233-3725

GROUP (more than one person) RIGHTSHOLDER
Group rightsholder must act jointly and ownership interests cannot be apportioned.

Insured's children
Children, Jane Doe, John Doe and Mary Doe
Children of marriage of Insured and spouse, Mary Doe
Children of marriage of Insured and spouse, Mary Doe, including John Doe and Susan Doe

Children

Parents

Mother, Jane Doe and Father, James Doe -OR-
Mother and Father of Insured, Jane and James Does, respectively.

SINGLE PRIMARY RIGHTSHOLDER AND SINGLE CONTINGENT RIGHTSHOLDER

Spouse, followed by child

-- Spouse, Mary Doe, if living, if not, daughter, Jane Doe

SINGLE PRIMARY RIGHTSHOLDER AND GROUP CONTINGENT RIGHTSHOLDER

Spouse, followed by unnamed children

-- Spouse, Mary Doe, if living, if not, Insured's children

Spouse, followed by named children

-- Spouse, Harry Doe, if living, if not, son, Frank Doe and daughter, Jane Doe

GROUP PRIMARY RIGHTSHOLDER AND SINGLE CONTINGENT RIGHTSHOLDER

Children, followed by spouse

-- Insured's children, if none if living, spouse, Mary Doe

General Information for Change in Ownership

- If the new Owner is a U.S. citizen, they must have a primary residence in the United States. If the person is a U.S. Citizen but lives abroad, the change of ownership will require the approval of the USFL Anti-Money Laundering team.
- If the new Owner is not a U.S. citizen, they must have a primary resident address in the U.S. and have an unexpired visa or Green Card. Copies of the unexpired visa or Green Card must be submitted with this request. We will accept an unexpired visa in the following visa categories A, E, G, H, U, K, L, N, NATO, P, R, S, T, TN, TD, U, TPS or V. We will also need a copy of an unexpired visa and I-94 document.
- A Non-U.S. citizen that has a visitor's visa, an expired Green Card or visa, no visa or has a visa in the following categories: B, C, D, F, J, M, Q, TWOV, will not be accepted as a new Owner and the ownership change must be declined under the USFL Anti-Money Laundering team.
- For Legal Resident Aliens: A copy of the unexpired Green Card or acceptable visa and I-94 form will be required to be submitted with the change of ownership request.
- For Trusts: Taxpayer Identification Number of the Trust and a copy of a Trust Certification or significant pages and signature page of the Trust Agreement that proves the existence of the Trust, the name and date of the Trust Agreement, as well as the name of the Trustee(s).
- For Partnerships: Pertinent page from the Partnership agreement that proves the Partnership exists and indicates the names of the Partners.
- For Private Corporations: Articles of Incorporation or copy of business license and documentation indicating the acting party has the authority to act on behalf of the Corporation.
- For Publicly Traded Corporations: No additional requirements need to be submitted.
- All non-resident individual and foreign business (Corporation, Trust, Partnership) new Owners require the approval of the USFL Anti-Money Laundering team. In addition to the requirements outlined above, the USFL Anti-Money Laundering team also requires these new Owners to have a U.S. Bank account.

General Information for New Owner(s) concerning Taxpayer Identification Number

- Federal Law requires you to provide to us the correct Taxpayer Identification Number which matches your name.
- If you fail to provide the correct Taxpayer Identification Number, tax withholding may be required, and penalties may apply.
- Your Taxpayer Identification Number is your Social Security Number if you are an individual and a U.S. person. A U.S. person is a U.S. citizen, or a non-citizen of the United States who is a U.S. resident for tax purposes. If you are a foreign individual who is not eligible to apply for a Social Security Number, your Taxpayer Identification Number is your individual Taxpayer Identification Number or "ITIN" issued by IRS. If you are an entity (U.S. or foreign), your Taxpayer Identification Number is the Employer Identification Number or "EIN" issued by IRS.
- In the case of a minor, the minor's Social Security Number must be provided. If the minor does not have a Social Security Number, the natural guardian for the minor's owner may obtain one by applying to the Social Security Administration on Application Form SS-4. If the newly acquired number is not received by U.S. Financial Life Insurance within 60 days, U.S. Financial Life Insurance Company is required by law to withhold on any taxable interest being credited to the policy/contract.



USFL
PO Box 3016
Monroe, WI 53566-3016
Phone: 800-959-3894
Fax: (803)-233-3725

General Information on USA PATRIOT Act - Customer Identification Program

Section 326 of the USA PATRIOT Act outlines important information about procedures for opening new accounts

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

To comply with Section 326, U.S. Financial Life Insurance Company will ask for your name, address, date of birth, and other information necessary to allow us to identify you when opening an account. We may also ask to see your driver's license or other identifying documents.

You May Use This Form:

To change the rightsholder.

For any number of policies, provided you are requesting an identical change for each policy.

TAX CONSEQUENCES

An attorney should be consulted about possible tax consequences in the following instances:

- (a) If the rightsholder is not the Insured and is not the beneficiary; (b) if the rightsholder designates joint rights to two or more individuals, as a gift; (c) if the rightsholder is a corporation and is not a beneficiary; (d) if rights are changed on an annuity issued after April 22, 1987; (e) a transfer to a person two or more generations younger than the transfer or (generation skipping); (f) If the policy has a loan and the rights are being transferred as a gift.

Please be advised: Due to IRS implementation of the Foreign Account Tax Compliance Act (FATCA), taxable disbursements made to entity (business, trust, or estate) owner's payees may be subject to 30% withholding if proper documentation is not on file. Proper documentation is considered to be a properly completed and signed IRS Form W-9 for domestic entities. Foreign entities are expected to submit a properly completed and correct type of IRS Form W-8. In the event proper documentation is not on file with USFL we will withhold the required 30% upon disbursement. For further details regarding the FATCA rules and regulations and how disbursements may be affected, please contact your tax advisor.



USFL
PO Box 3016
Monroe, WI 53566-3016
Phone: 800-959-3894
Fax: (803)-233-3725

RIGHTS CHANGE FORM

JOINT POLICY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
POLICY NUMBER _____	INSURED _____	
POLICY OWNER _____	POLICY OWNER DOB _____	
POLICY OWNER _____	POLICY OWNER DOB _____	
POLICY OWNER _____	POLICY OWNER DOB _____	
POLICY OWNER EMAIL ADDRESS: _____		
POLICY OWNER PHONE NUMBER: () _____		

RIGHTS: Rightsholder, Contract Holder (owner) on record remains unchanged unless this section is completed.

Where two or more rightsholders are designated, those living shall act jointly unless otherwise indicated.

IRS Form W-9 must be completed by the NEW RIGHTSHOLDER AND submitted to the company with new rightsholder's TIN.

Is this ownership change in connection with a viatical or life settlement transaction?

Yes No

Is the new owner a U.S. Citizen or a legal entity established under U.S. Law?

Yes No

If the new owner is a nominee, fiduciary, or intermediary for a beneficial owner, is the Insured a U.S. Citizen or legal entity established under U.S. Law?

Yes No

Is the beneficial owner a U.S. Citizen or a legal entity established under U.S. Law?

Yes No

Is this owner change for the benefit of a Politically Exposed Person (PEP)*?

Yes No

If yes, provide position and country: _____



USFL
PO Box 3016
Monroe, WI 53566-3016
Phone: 800-959-3894
Fax: (803)-233-3725

Please change the Policy(ies) so that all rights provided in “Rights (Ownership) Under Policy” belong exclusively to (if naming joint rightsholders, the following information needs to be provided for all named rightsholders):

1. Insured/Annuitant Individual Trust Partnership Sole Proprietorship
 LLC Charity/Non-Profit

a. Full name of Proposed Rightsholder(s) _____

Relationship to Insured/Annuitant _____ Date of Birth _____

Legal Address (Full Street, City, State, Zip)

Mailing Address (if different from legal address)

New rightsholder occupation and type of business

SSN #/TIN (IRS Form W-9 signed by new rightsholder must be included) _____

Primary Beneficiary Name _____

Secondary Beneficiary Name _____

Government-issued picture ID type (e.g., Driver’s License/Passport/Green Card/Visa;
Passport Number, if Foreign) _____

Number _____ Country of Issuance _____

All non-resident individual and foreign business new rightsholders must have a U.S. Bank.

Name of Bank _____ Account # _____

Name of account holder _____

Routing # _____ Number of years account active _____

New rightsholder email address _____

New rightsholder telephone number _____

NOTE: If owner is an entity, please provide below additional details.



USFL
PO Box 3016
Monroe, WI 53566-3016
Phone: 800-959-3894
Fax: (803)-233-3725

Date of Incorporation _____ State and Country of Incorporation _____

GIIN (Global Intermediary Identification Number – if entity is foreign) _____

Primary address/place of business _____

Nature/purpose of business _____

Nature of relationship between the corporation and the USFL client _____

NAICS code (North American Industry Classification System) _____

b. One box must be checked:

FINAL RIGHTSHOLDER (IF ALL PERSONS DESIGNATED PREDECEASED THE INSURED)

The Insured/Annuitant

The executors and administrators of the rightsholder, if two or more rightsholders, the executors or administrators of the survivor of said rightsholder (the last to die)

2. Contingent/Successor Owner:

Full name of Contingent/Successor Owner _____

SSN#/TIN _____ Date of Birth _____

Legal Address (Full Street, City, State, Zip)

Mailing Address (if different from legal address)

Government-issued picture ID type (e.g., Driver’s License/Passport/Green Card/Visa; Passport Number, if Foreign) _____

Number _____ Country of Issuance _____

3. Check one option (All Joint Owners must select same option)

I elect the owner _____ to receive billing.
Last Name First Name

I, along with all Joint Owners, wish to receive billing.



4. If the new owner is a Corporation, Partnership, LLC, or Charity/Non-Profit:

Is the entity owner a publicly traded company?

Yes No

If, "Yes", please complete controlling person and authorized person sections.

If, "No", please complete beneficial owner, controlling person and authorized person sections.

Does the policy entity owner have a complex entity ownership structure?

(i.e., One (1) or more entities own 25% or more of the entity owner on this insurance policy)

Yes No

Beneficial Owner:

a) Name _____

Date of Birth (mm/dd/yyyy) _____ Percentage of Ownership _____ %

Legal Address (Full Street, City, State, Zip)

Government-issued picture ID type (e.g., Driver's License/Passport/Green Card/Visa;
Passport Number, if Foreign) _____

Number _____ Country of Issuance _____

Is this individual a Politically Exposed Person (PEP)*?

Yes No

If yes, provide position and country: _____

b) Name _____

Date of Birth (mm/dd/yyyy) _____ Percentage of Ownership _____ %

Legal Address (Full Street, City, State, Zip)

Government-issued picture ID type (e.g., Driver's License/Passport/Green Card/Visa; Passport
Number, if Foreign) _____



Number _____ Country of Issuance _____

Is this individual a Politically Exposed Person (PEP)*?

Yes No

If yes, provide position and country: _____

c) Name _____

Date of Birth (mm/dd/yyyy) _____ Percentage of Ownership _____ %

Legal Address (Full Street, City, State, Zip)

Government-issued picture ID type (e.g., Driver's License/Passport/Green Card/Visa;
Passport Number, if Foreign) _____

Number _____ Country of Issuance _____

Is this individual a Politically Exposed Person (PEP)*?

Yes No

If yes, provide position and country: _____

d) Name _____

Date of Birth (mm/dd/yyyy) _____ Percentage of Ownership _____ %

Legal Address (Full Street, City, State, Zip)

Government-issued picture ID type (e.g., Driver's License/Passport/Green Card/Visa;
Passport Number, if Foreign) _____

Number _____ Country of Issuance _____

Is this individual a Politically Exposed Person (PEP)*?

Yes No

If yes, provide position and country: _____

5. Controlling Person:

Provide the following information for one individual with significant responsibility for managing the legal entity policy owner, such as



USFL
PO Box 3016
Monroe, WI 53566-3016
Phone: 800-959-3894
Fax: (803)-233-3725

a) An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer), or

b) Any other individual who regularly performs similar functions

Name _____ Title _____

Date of Birth (mm/dd/yyyy) _____ Percentage of Ownership _____%

Legal Address (Full Street, City, State, Zip)

Government-issued picture ID type (e.g., Driver’s License/Passport/Green Card/Visa; Passport Number, if Foreign) _____

Number _____ Country of Issuance _____

Is this individual a Politically Exposed Person (PEP)*?

Yes No

If yes, provide position and country: _____

6. Authorized Person:

Authorized person opening the account on behalf of the entity policy owner

a) Name _____ Title _____

Date of Birth (mm/dd/yyyy) _____ SSN # _____

Legal Address (Full Street, City, State, Zip)

b) Name _____ Title _____

Date of Birth (mm/dd/yyyy) _____ SSN # _____

Legal Address (Full Street, City, State, Zip)

7. If the new owner is a trust, please provide necessary Trustee and Grantor information

Name of policy owner/entity _____



USFL
PO Box 3016
Monroe, WI 53566-3016
Phone: 800-959-3894
Fax: (803)-233-3725

Date of Incorporation (mm/dd/yyyy) _____ EIN#/TIN# _____

State and Country of Incorporation _____

Nature/Purpose of Business _____

Place of business _____
Full Street City State Zip Code

GIIN _____ NAICS Code _____
(Global Intermediary Identification Number – if entity is foreign)

Nature of relationship between the entity and USFL client: _____

Trustee Information:

a) Name _____

Date of Birth (mm/dd/yyyy) _____ SSN # _____

Legal Address (Full Street, City, State, Zip)

Mailing Address (if different from legal address)

Does trustee have a government issued ID?

Yes No

Government-issued picture ID type (e.g., Driver's License/Passport/Green Card/Visa;
Passport Number, if Foreign) _____

Number _____ Country of Issuance _____

b) Name _____

Date of Birth (mm/dd/yyyy) _____ SSN # _____

Legal Address (Full Street, City, State, Zip)

Mailing Address (if different from legal address)



USFL
PO Box 3016
Monroe, WI 53566-3016
Phone: 800-959-3894
Fax: (803)-233-3725

Does trustee have a government issued ID?

Yes No

Government-issued picture ID type (e.g., Driver’s License/Passport/Green Card/Visa;
Passport Number, if Foreign) _____

Number _____ Country of Issuance _____

8. SIGNATURES: The undersigned Rightsholder (Owner) requests the company to accept and record the designations above, to add the provisions of this form his/her/its policy/contract (If necessary to update it), to issue an endorsement consistent with the above designations or to accept this form as an endorsement (whichever it deems appropriate), and to accept any material changes above that I have initiated or otherwise ratified. If signing on behalf of a corporation or partnership, see “Instructions for completing this form” page 1.

Signature of Owner _____

Signature of Owner _____

Signature of Owner _____

Witness _____ Date _____

If rightsholder (owner) resides in Massachusetts, a witness is mandatory and a named beneficiary may not be a witness.

GENERAL PROVISIONS AND DEFINITIONS

<p>1. DEFINITIONS</p> <p>(a) “WE”, “US”, “OUR” and “Company” refer to U.S. Financial Life Insurance Co or any of its insurance subsidiaries.</p> <p>(b) HOME OFFICE. Our Processing Center is located at USFL PO Box 3016 Monroe, WI 53566-3016</p> <p>(c) RELATIONSHIPS. All relationships used in the beneficiary and rights designations refer to the Insured unless otherwise indicated.</p> <p>(d) “Policy”, “Insured” and “Policyholder”. For annuities, wherever these words appear in this form, they mean “Contract”, “Annuitant” and “Contractholder”, respectively. For Group Universal Life, whenever Policy and Policyholder appear in this form, they mean Certificate and Certificate holder, respectively</p> <p>e) RIGHTSHOLDER (OWNER) A person who can exercise rights is a rightsholder. In contrast, a person designated as contingent rightsholder can only act upon the death of the primary rightsholder and is not considered a rightsholder until the happening of that event. Wherever “Rightsholder” appears on this form, it means “Rightsholder”, “Owner” and “Policyholder”.</p> <p>f) Beneficial Owner and Controlling Person: As per Customer Due Diligence Rule entity ownership is defined as being 2 pronged. The beneficial owner, an individual who has an equity stake of 25% or more in an entity (no more than 4 individuals) and the control prong, an individual for the daily operations of the entity (e.g., CEO, COO, Director, etc.)</p> <p>g) Contingent/Successor: This is a designation on the policy, where the beneficiary assumes ownership of the policy/contract at time of death of the owner.</p> <p>h) Authorized Person: Person delegated by the entity to sign application, has authority or right over the policy to act on behalf of the entity owner.</p> <p>i) Trustee: Person or institution that is the legal owner of a trust; responsible for managing the assets placed into a trust and otherwise acting according to its terms.</p> <p>j) Grantor: Person placing the assets in the trust.</p> <p>k) GIIN = Global Intermediary Identification Number which is assigned from the IRS to a foreign financial institution once it has registered with the IRS to report under FATCA.</p> <p>l) NAICS Code = The North American Industry Classification System (NAICS) is a system for classifying establishments (individual business locations) by type of economic activity.</p> <p>m) A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates – People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct</p>	<p>substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of the PEP.</p> <p>2. DETERMINATION OF BENEFICIARY</p> <p>The beneficiary in Section 1 will become entitled to the amount payable (proceeds) in the order and proportion stated. For proceeds payable at the Insured’s death: Payment made in one sum: Unless otherwise stated, a beneficiary will not be considered “living” unless the beneficiary is living on the earlier of</p> <p>(a) the day due proof of the Insured’s death is received by us at our Home Office and (b) the 14th day after the Insured’s death. The share of the death proceeds of any beneficiary who is not living on the earlier of these two dates will be payable to the remaining beneficiaries in the manner provided.</p> <p>3. TRUST PROVISIONS IN LIVING TRUSTS AND WILLS</p> <p>A written trust or will cannot change the (terms of your policy or otherwise bind the Company. Further, the Company cannot determine at any time whether a trust or will is valid. Accordingly, the Company cannot assume any responsibility for the trustee’s performance or failure to perform any trust duties and the Company will not have any further obligations under a policy if it has made a payment to (or honored a specific request by) a trustee.</p> <p>4. POLICY ASSIGNMENT</p> <p>The Interest of any beneficiary or other person will be subordinate to any assignment whenever made. We may rely solely on the assignee’s statement as to the amount of its interest in the death benefit proceeds, which will be payable in one sum.</p> <p>5. RIGHTS (OWNERSHIP) UNDER POLICY</p> <p>Subject to the rights of any assignee, during the Insured’s lifetime and prior to the date of any endowment proceeds or life income at maturity becoming payable, the right to change the beneficiary, the right to assign, the right to receive any endowment proceeds or life income at maturity or to change the payee thereof, and all other rights, benefits, options, and privileges conferred by the Policy or allowed by the Company belong exclusively as designated in the application for this Policy unless otherwise provided by endorsement.</p> <p>6. CHANGES IN BENEFICIARY AND RIGHTSHOLDER (OWNER)</p> <p>These changes may be made during the Insured’s lifetime by written request to us at our Home Office. The Policy need not be presented for endorsement unless requested by us. Any such change will take effect as of the date the notice was signed, upon acceptance and recording at the Home Office, subject to any payment made by us or action taken by us before receipt of the request at our Home Office.</p>
--	--