



Member Companies:
 Annuity Investors Life Insurance Company®
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Administrator for Life Insurance and Annuities:
 American Retirement Life Insurance Company
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PO Box 5416, Cincinnati OH 45201 / 888-863-5891 / 800-859-0021 Fax
Overnight Address: 9th Floor, 301 E Fourth St, Cincinnati OH 45202

LIFE OWNERSHIP CHANGE FORM

Policy Number

1. CURRENT OWNER INFORMATION *(Please print)*

Current Owner(s)				Social Security or Tax ID Number	
Address	City	State	Zip Code	Daytime Phone ()	

2. NEW OWNER DESIGNATION *(Please print)*

New Owner(s)				Social Security or Tax ID Number	
Address	City	State	Zip Code	Daytime Phone ()	

Is the new Owner a U.S. Citizen, U.S. Resident Alien, or U.S. entity? Yes No

If the New Owner is a trust

Trustee Name(s): _____ Trust Agreement Date: _____

*Before we can process a transfer of ownership to a trust, you must submit a Trust Certification and Agreement (Form X6017907NW). If the trust is an irrevocable trust, you must also submit a Trust Certification – Irrevocable Trust Addendum (Form X6057918NW). **The trust must be designated as the Beneficiary in Section 5.***

3. TERMS OF TRANSFER *(Please check one)*

No money, property, or services are being exchanged for this policy.

This may include a gift of the policy from the Current Owner to the New Owner, a contribution into a trust, a distribution from a trust to a trust beneficiary, or a distribution from a deceased Owner's estate. For distribution from a trust to a trust beneficiary, you must submit Trust Certification – Change of Ownership to Trust Beneficiaries (Form X6057118NW).

This policy is being transferred in exchange for money, property, or services.

*This may include the transfer of a policy as payment for future funeral expenses or as part of a life settlement. **The new owner may have a reporting and notice requirement under Internal Revenue Code Section 6050Y. A future death benefit under the policy may be treated as taxable income to the extent it exceeds the new owner's cost basis.***

4. NEW OWNER'S RELATIONSHIP TO INSURED, IF ANY *(Please check one)*

The new owner is the Insured

The new owner has a substantial family, business, or financial relationship to the Insured (apart from the new owner's interest in this life insurance policy). *Describe the new owner's relationship to the Insured:*

The new owner has no substantial relation to Insured, except for the interest in this life insurance policy

5. BENEFICIARY DESIGNATION BY NEW OWNER(S)

The New Owner(s) hereby revoke(s) all prior Beneficiary designations and death benefit payment option elections.

The New Owner(s) hereby make(s) the following new Beneficiary designation, subject to the provisions of the policy and to the rights of any assignee of record with the appropriate GAIG company.

With respect to any trust designated as Beneficiary, the appropriate GAIG company shall neither be obligated to inquire into the terms of the trust, nor shall the appropriate GAIG company be chargeable with knowledge of the terms of the trust, and the appropriate GAIG company will be fully discharged from all liability after payment of the Death Benefit proceeds under the policy to the trustee. ***If the owner of the policy is a trust, the trust itself must be designated as the Beneficiary.***

Unless otherwise stated, the death benefit will be paid to the primary beneficiaries or survivors of them in equal shares, and will be paid to contingent beneficiaries or survivors of them, in equal shares, only if there are no surviving primary beneficiaries. ***If additional space is needed, attach a separate sheet signed and dated by the New Owner(s).***

Please show full name, address, relationship to New Owner(s), date of birth, and social security number of all beneficiaries. A failure to do so may result in the death benefit being escheated to the state. If the Beneficiary is a trust, please provide the trust's name, the trustee name(s), and the trust agreement date.

Note that if a new Beneficiary designation is not made, then the Beneficiary will be the owner or the estate of the owner.

PRIMARY BENEFICIARY(IES) *(Please print)*

Name	Relationship to New Owner(s)
Social Security Number	Date of Birth
Address	

Name	Relationship to New Owner(s)
Social Security Number	Date of Birth
Address	

CONTINGENT BENEFICIARY(IES) *(Please print)*

Name	Relationship to New Owner(s)
Social Security Number	Date of Birth
Address	

Name	Relationship to New Owner(s)
Social Security Number	Date of Birth
Address	

