Annuity Ownership Change Request

MERIT LIFE INSURANCE CO. | 1900 SOUTH BLVD., SUITE 300 | CHARLOTTE, NC 28203 | 833-637-4854

General Information

Use this form to update the ownership of your annuity contract. This change of ownership is permissible pursuant to the terms and conditions of the contract with regard to insurable interest. Note that an ownership change may revoke any prior revokable beneficiary designations, electronic funds transfer (EFT) authorizations, or systematic withdrawal request.

This change of ownership may be considered a taxable distribution. Please consult your tax advisor.

Please submit completed form via emailed to customerservice@knightheadinsurance.com. Changes are considered effective when they are received, deemed in good order and acknowledged by us in writing.

1. OWNERSHIP INFORMATION

Contract Number:	
Current Owner Name (*First, MI, Last*):	**Current Joint Owner Name** (*First, MI, Last*):

2. CHANGE OF PRIMARY OWNER

☐ Natural Person(s) ☐ Trust ☐ Corporation/Entity

New Owner Name (*First, MI, Last*)	**Sex**: ☐ Male ☐ Female **Marital Status**: ☐ Single ☐ Married
Company or Trust Name (*if appliable)*	**SSN/TIN**
Residence Address (*cannot be a P.O.Box)*	**Date of Birth/Formation Date**
City, State, Zip	**US Citizen**: ☐ Yes ☐ No
Mailing Address *(if different)*	**Email Address**
City, State, Zip	**Telephone**
Relationship to New Owner:	

3. ADD OR CHANGE A JOINT OWNER *(if applicable)*

New Joint Owner Name (*First, MI, Last*)	**Sex**: ☐ Male ☐ Female
Company or Trust Name (*if appliable)*	**SSN/TIN**
Residence Address (*cannot be a P.O.Box)*	**Date of Birth**

ADD OR CHANGE A JOINT OWNER *(continued)*

City, State, Zip	**US Citizen**: ☐ Yes ☐ No
Mailing Address (if different)	**Email Address**
City, State, Zip	**Telephone**
Relationship to New Owner*	

*If this request is to add a joint owner only (and there is no new owner), indicate relationship of the **joint owner to the current owner**.

4. CERTIFICATIONS & SIGNATURES

By signing below, under the penalty of perjury, I certify that the statements above are true, correct, and complete and agree to the following:

- The subject annuity contract and initial application will be modified based on the information provided.
- I am not subject to backup withholding
- I understand it is a crime to knowingly present false and fraudulent information to obtain or amend insurance products.

Current Owner Signature x	**Date**
New Owner Signature x	**Date**

Current Joint Owner Signature x	**Date**
New Joint Owner Signature x	**Date**

NOTARY

State of _____
County of _____

On this _____day of _____, 20____, before me, a Notary Public in and for said state, personally appeared_____, known to me to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

_____
Signature

Notary Public for the State of _____
My Commission Expires: _____