



Ownership Change

You can submit this form via:

Email (fastest):

AnnuityForms@DelawareLife.com

Fax:

800-883-9165

Mail:

Delaware Life
P.O. Box 80428
Indianapolis, IN 46280-0428

Overnight Mail:

Delaware Life
10555 Group 1001 Way
Zionsville, IN 46077

Please note:

- A change of ownership may have tax consequences. Consult a tax advisor before making any changes to the ownership of your annuity.
- Ownership changes are allowed on non-qualified contracts only. Joint owner must be the spouse of the Owner.
- A change of ownership and/or the addition of a joint owner may affect the interest of any beneficiaries designated before the effective date of the change. If you would like to change your beneficiary, include a Beneficiary Designation form, signed by the new contract owner(s), with this request. Please call Customer Service for details.
- Contracts changing to a non-natural owner (Trust, corporation, non-profit, etc.) will default to having the primary beneficiary as the non-natural owner as required by the Contract.
- A person and an entity (for example, a trust) cannot share the ownership of an annuity.
- An ownership change is not binding until we receive all paperwork in good order and acknowledge that the change has been made. The ownership change will be effective as of the date this form is signed subject to any action taken by the Company prior to its receipt of the request in good order. The Company is not responsible for the validity, sufficiency, or tax consequences of this change.

For questions or help with this form, call us at **800-374-3714**.

Throughout this form, “the Company” refers to Delaware Life Insurance Company.¹

1 Current Owner Information

Contract Number

Owner

SSN/TIN

Joint Owner (if applicable)

SSN/TIN

In case we need to contact you about this request

Phone Number



¹ Delaware Life Insurance Company (Zionsville, IN) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group 1001. www.delawarelife.com

2 New Owner Information

Complete this section if you want to change the owner.

- If you wish to designate a **person** as owner, complete the Designate a Person as Owner section. If you wish to change or add a **joint owner**, complete the Add or Change a Person as Joint Owner section.
- If you wish to designate a **trust** as owner, complete the Designate a Trust as Owner section.
- If you wish to designate an **entity** as owner, complete the Designate an Entity as Owner section.

Designate a **Person** as Owner

New Owner		SSN
Address		Date of Birth (mm/dd/yyyy)
Address		☐ Male ☐ Female
City	State	Zip Code
Email Address		Phone Number

Complete this section if you want to add or change the joint owner.

Add or Change a **Person** as Joint Owner (Must be the spouse of the owner)

New Joint Owner (if applicable)		SSN
Relationship to Owner		Date of Birth (mm/dd/yyyy)
Address		☐ Male ☐ Female
City	State	Zip Code
Email Address		Phone Number

Designate a **Trust** as Owner

Please submit a completed Trustee Affidavit form. Call Customer Service for details.

Trust Name		
Date of Trust (mm/dd/yyyy)		Trust TIN
Trustee(s) Name(s)		Phone Number
Address		
City	State	Zip Code

2 New Owner Information (continued)

Designate an **Entity** as Owner

Please submit a completed Non-Natural Owner Acknowledgment form. Call Customer Service for details.

Entity Name		TIN	
Address		Phone Number	
City	State	Zip Code	

3 Customer Authorization for Financial Transactions

Use this section to authorize or remove authorization for your registered representative to request fund transfers on your contract.

- This selection will remain in effect until we receive an updated Customer Authorization form.
- If you make no selection, the authorization that is currently on your account will remain in effect.
- Authorization to transfer funds on Custodial accounts is governed by the Custodial firm's custodial agreement with the Company, regardless of the option checked below.

- ☐ Yes, and to the extent permitted by the Distributor firm of record on this contract:
- I/we authorize 1) the registered representative(s)/agent(s) of record on this contract, 2) any future registered representative(s)/agent(s) of record, and 3) any designees of those registered representatives or agents to initiate, by a means acceptable to the Company, transfers among available subaccounts, changes to fixed guarantee periods, and changes to investment allocations in this contract.
 - I/we further understand and agree that the Company may terminate this authorization at its discretion at any time without prior notice. In the absence of such termination, this authorization will remain in effect unless the Company receives at its administrative office, in a form acceptable to the Company, 1) notice from me/us that such authority has been revoked or 2) acceptable proof of an owner's death.
- ☐ No, I/we **no longer** authorize:
- 1) the registered representative(s)/agent(s) of record on this contract, 2) any future registered representative(s)/agent(s) of record, and 3) any designees of those registered representatives or agents to initiate any fund transfers on this contract.

4 Living Benefit and Enhanced Death Benefit Acknowledgment

Important information for contracts with an active Guaranteed Lifetime Withdrawal Benefit (GLWB) and/or enhanced death benefit.

Changing the owner of this contract may cancel the GLWB or the joint benefit of the living benefit rider, as well as the enhanced death benefit (if applicable). If you have a GLWB with joint life coverage and your spouse is removed as the joint owner and not made the sole primary beneficiary, your joint life coverage will be changed to single life coverage, but the joint life charge will continue. You should talk with your financial advisor and read your contract carefully to determine if and how this ownership change will affect your living benefit and/or enhanced death benefit.

If you are changing ownership of the contract to a trust and have joint life coverage, please submit a Trustee affidavit Form with Section 4 of that form completed to maintain joint life coverage. If you are submitting the Trustee Affidavit Form with Section 4 completed, do not check the box below.

- ☐ By checking this box, I/we acknowledge the ownership change may cancel some or all benefits under the living benefit rider and/or enhanced death benefit rider. I/we understand when the rider(s) is/are cancelled:
- It cannot be reinstated.
 - There is no refund of the optional living benefit or death benefit rider charges that have been assessed while the rider(s) was in effect. Optional benefit rider charges will no longer be deducted from the contract effective the date of the change.
 - If joint life coverage under the Guaranteed Lifetime Withdrawal Benefit is changed to single life coverage, the joint life charge will continue.

5

All owners must sign this form.

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.) for the contract owner, you must sign in your fiduciary capacity and not in your individual capacity. We will need your authorizing documents to process this request. If we do not have them on file, please attach them to this form.

By signing this form, you acknowledge and confirm that you understand and accept that changing the owner on this account may cancel your living benefit and/or your enhanced death benefit.

Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct Social Security or taxpayer identification number, (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

We require **Notarization** of the current owners.

Current contract owner(s)

Current Owner Signature X	Signature Date (mm/dd/yyyy)	Current Joint Owner Signature (if applicable) X	Signature Date (mm/dd/yyyy)
Please Print Owner Name		Please Print Joint Owner Name (if applicable)	

Notary Signature and Stamp: The person(s) whose signature(s) appears above have appeared before me, have been sworn, and have attested that the information contained in this document is true.

Notary Signature X	Signature Date (mm/dd/yyyy)
Notary Seal	

New contract owner(s)

New Owner Signature 	Signature Date (mm/dd/yyyy) 	New Joint Owner Signature (if applicable) 	Signature Date (mm/dd/yyyy) 
Please Print New Owner Name 		Please Print New Joint Owner Name (if applicable) 	

I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is owned by an entity, that I am an authorized signer thereof, and that I am signing this request in that capacity.

The above-signed hereby agrees, for myself and/or the entity identified above, to indemnify and hold the Company harmless from any and all claims, liabilities, and losses sustained or incurred by its reliance on my instructions herein.

Contact Us

Online
delawarelife.com

By Phone:
Customer Service **800-374-3714**
M-F 8:30 a.m.-6:00 p.m., ET

By Email (Clients):
Customer.Relations@delawarelife.com

By Email (Agents):
AgentSupport@delawarelife.com