



EQUITABLE

Equitable Financial Life Insurance Company
Equitable Financial Life Insurance Company of America (EFLOA)
Equitable Financial Life and Annuity Company
Equitable Financial Life Insurance and Annuity Company (CA)

Life Insurance
Ownership Change

Traditional, Term and Variable Life Series

Return:

Express Mail:

Equitable Financial Life Insurance Company
Life Operations
8501 IBM Dr, Suite 150
Charlotte NC 28262-4333

Regular Mail:

Equitable Financial Life Insurance Company
Life Operations
P.O. Box 1047
Charlotte, NC 28201-1047

Toll-free Fax Number:

(855) 268-6378

For Assistance:

Call:

(800) 777-6510
Monday - Thursday:
8:30 AM to 7:00 PM EST
Friday: 8:30 AM to 5:30 PM EST

To Sign Up For eDelivery:

Visit us at
www.equitable.com

Type of Request

Please complete the sections listed below if you are requesting an:

- Ownership change — sections 1,2,3,4 and 5
All owners are required to provide a completed W9 form with the change request or applicable W8 form.

For general information regarding requirements for an ownership change, please see last section of this form.

1. Insured's Information (Please Print)

Policy Number(s) (Required):

Insured's Name: _____
First Middle/MI Last

Is the Insured a U.S. citizen? [] Yes [] No Insured's Occupation: _____

2. Present Owner's Information (Please Print)

Individual Owner's Name (if other than insured): _____
First Middle/MI Last

Joint Owner's Name: _____
First Middle/MI Last

Joint Owner's Name: _____
First Middle/MI Last

Corporation, Partnership, Charity/Non-Profit, or Trust Name: _____

Corporation, Partnership, Charity/Non-Profit, or Trust Name: _____

3. Designation of New Owner(s)

- This form may be used for more than one policy, provided all policies insure the same person, have same ownership, and designate the same new Owner(s).
- For request to be accepted, all alterations must be initialed and dated.
- **If more than one new owner (who is an individual) is designated, make a copy of page '3', to fully complete the "Information for New Owner if an Individual or Sole Proprietorship" section for each new joint owner, sign, and date.**
- **If more than one new owner (who is an entity) is designated, make a copy of page '4' through '7', to fully complete the information for "New Owner(s)" sections for each new entity owner accordingly, sign, and date.**

Reason for Change of Owner: Transfer as Gift Transfer for Consideration \$ _____

List the name of new Owner(s), date of birth, and relationship to the Insured (please print)

Owner's Name _____	_____	_____	_____	_____	_____
First	Middle/MI	Last	DOB (mm/dd/yyyy)	Relationship	

Owner's Name _____	_____	_____	_____	_____	_____
First	Middle/MI	Last	DOB (mm/dd/yyyy)	Relationship	

Owner's Name _____	_____	_____	_____	_____	_____
First	Middle/MI	Last	DOB (mm/dd/yyyy)	Relationship	

OR _____

Name of Organization, Trust, or Other	Trust/Incorporation Date (if applicable)	Relationship/Title
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Successor Owner	First	Middle/MI	Last	DOB (mm/dd/yyyy)	Relationship
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Contingent/Successor Owner's DOB: ____/____/____ Contingent/Successor Owner's SSN/TIN/EIN: _____

Contingent/Successor Owner's Physical Residential Address (Required):

Number and Street	Apt./Suite/Floor
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City	State	Country	Zip/Postal Code
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Contingent/Successor Owner's Mailing Address (if different from physical residential address):

Number and Street	Apt./Suite/Floor
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City	State	Country	Zip/Postal Code
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Provide government issued id (Driver's License/Passport/Green Card/Visa) Type _____

Number _____ State/Country of Issuance _____

4. Information for New Owner (Required)

Is this ownership change in connection with a viatical or life settlement transaction or any other reportable policy sale? 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 beneficial owner a U.S. citizen or legal entity established under U.S. law? Yes No Not Applicable

Is this owner change for the benefit of a Politically Exposed Person (PEP)? Yes No

If yes, provide position and country _____

Individual – complete section 4(a) Sole Proprietorship - complete section 4(a)

Trust - complete section 4(b) Charity/Non-Profit - complete sections 4(c) and 4(e)

For any of these choices complete applicable sections from 4(c) to 4(f):

Partnership LLC Public Corporation Non-Public Corporation

4(a) New Owner is an individual or Sole Proprietorship

New Owner's Name: _____
First Middle/MI Last

New Owner's Physical Residential Address (Required):

Number and Street Apt./Suite/Floor

City State Country Zip/Postal Code

New Owner's DOB (mm/dd/yyyy): ____/____/____ New Owner's SSN/TIN/EIN: _____

New Owner's Phone Number: _____ New Owner's Email Address: _____

New Owner's Mailing Address (if different from physical residential address):

Number and Street Apt./Suite/Floor

City State Country Zip/Postal Code

Provide government issued id (Driver's License/Passport/Green Card/Visa) Type _____

Number _____ State/Country of Issuance _____

New Owner's Occupation and Type of Business (e.g., Clerk/Flower Shop) (Required):

Occupation Type of Business

All non-resident individual and foreign business (Corporation, Partnership, Charity/Non-Profit, Trust, LLC) new Owners must have a U.S. Bank account

U.S. Bank Name Account Number Routing Number Number of years account active

4(b) New Owner(s) is a Trust

Trust Type: Revocable Irrevocable

Trust Name _____ Trust Date (mm/dd/yyyy) _____ SSN/TIN _____

State or Country of Trust Establishment _____

Physical Residential Address _____ Number and Street _____ City _____ State _____ Zip Code _____

New Owners must have a U.S. Bank account

U.S. Bank Name _____ Account Number _____ Routing Number _____ Number of Years Account Active _____

Trustee's Name: _____
First _____ Middle/MI _____ Last _____

Trustee's DOB (mm/dd/yyyy): _____/_____/_____ Trustee's SSN/TIN: _____

Trustee's Physical Residential Address (Required):

Number and Street _____ Apt./Suite/Floor _____

City _____ State _____ Country _____ Zip/Postal Code _____

Trustee's Mailing Address (if different from physical residential address):

Number and Street _____ Apt./Suite/Floor _____

City _____ State _____ Country _____ Zip/Postal Code _____

Provide government issued id (Driver's License/Passport/Green Card/Visa) Type _____

Number _____ State/Country of Issuance _____

Trustee's Name: _____
First _____ Middle/MI _____ Last _____

Trustee's DOB (mm/dd/yyyy): _____/_____/_____ Trustee's SSN/TIN: _____

Trustee's Physical Residential Address (Required):

Number and Street _____ Apt./Suite/Floor _____

City _____ State _____ Country _____ Zip/Postal Code _____

4(b) New Owner(s) is a Trust (continued)

Trustee's Mailing Address (if different from physical residential address):

Number and Street Apt./Suite/Floor

City State Country Zip/Postal Code

Provide government issued id (Driver's License/Passport/Green Card/Visa) Type

Number State/Country of Issuance

4(c) New Owner is a Charity/Non-Profit, Partnership, LLC, Public Corporation or Non-Public Corporation

Name of Entity Date of Incorporation (mm/dd/yyyy) EIN/TIN

State or Country of Incorporation Nature/Purpose of Business

Physical Address/ Place of Business Number and Street City State Zip Code

GIIN (Global Intermediary Identification Number-if entity is foreign)

NAICS Code (North American Industry Classification System)

Nature of relationship between the entity and Equitable client:

All non-resident individual and foreign business (Corporation, Partnership, Charity, Trust) new Owners must have a U.S. Bank account

U.S. Bank Name Account Number Routing Number Number of Years Account Active

Is the Entity Owner a publicly traded company? Yes No

(If, "Yes", please complete sections 4(e) and 4(f) of this form)

(If, "No", Please complete sections 4(d) through 4(f) of this form)

Does the policy entity owner have a complex entity ownership structure? Yes No

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

4(d) Beneficial Owner Information

Provide the following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the entity policy owner of this application. If an individual does not own 25 percent of the equity interest insert N.A.

Name _____ DOB (mm/dd/yyyy) _____
First Middle/MI Last

Percentage of Ownership _____ % Beneficial Owner's SSN/TIN/EIN: _____

Beneficial Owner's Physical Residential Address (Required):

Number and Street _____ Apt./Suite/Floor _____

City _____ State _____ Country _____ Zip/Postal Code _____

Provide government issued id (Driver's License/Passport/Green Card/Visa) Type _____

Number _____ State/Country of Issuance _____

Is this individual a Politically Exposed Person? Yes No

If yes please provide position and country _____

Name _____ DOB (mm/dd/yyyy) _____
First Middle/MI Last

Percentage of Ownership _____ % Beneficial Owner's SSN/TIN/EIN: _____

Beneficial Owner's Physical Residential Address (Required):

Number and Street _____ Apt./Suite/Floor _____

City _____ State _____ Country _____ Zip/Postal Code _____

Provide government issued id (Driver's License/Passport/Green Card/Visa) Type _____

Number _____ State/Country of Issuance _____

Is this individual a Politically Exposed Person? Yes No

If yes please provide position and country _____

Name _____ DOB (mm/dd/yyyy) _____
First Middle/MI Last

Percentage of Ownership _____ % Beneficial Owner's SSN/TIN/EIN: _____

Beneficial Owner's Physical Residential Address (Required):

Number and Street _____ Apt./Suite/Floor _____

City _____ State _____ Country _____ Zip/Postal Code _____

4(d) Beneficial Owner Information (continued)

Provide government issued id (Driver's License/Passport/Green Card/Visa) Type _____

Number _____ State/Country of Issuance _____

Is this individual a Politically Exposed Person? Yes No

If yes please provide position and country _____

Name _____ DOB (mm/dd/yyyy) _____
First Middle/MI Last

Percentage of Ownership _____ % Beneficial Owner's SSN/TIN/EIN: _____

Beneficial Owner's Physical Residential Address (Required):

Number and Street _____ Apt./Suite/Floor _____

City _____ State _____ Country _____ Zip/Postal Code _____

Provide government issued id (Driver's License/Passport/Green Card/Visa) Type _____

Number _____ State/Country of Issuance _____

Is this individual a Politically Exposed Person? Yes No

If yes please provide position and country _____

4(e) Controlling Person Information

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

- 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 _____
First Middle/MI Last

DOB (mm/dd/yyyy) _____ Percentage of Ownership _____ %

Controlling Person's SSN/TIN: _____

Controlling Person's Physical Residential Address (Required):

Number and Street _____ Apt./Suite/Floor _____

City _____ State _____ Country _____ Zip/Postal Code _____

Provide government issued id (Driver's License/Passport/Green Card/Visa) Type _____

Number _____ State/Country of Issuance _____

Is this individual a Politically Exposed Person? Yes No

If yes please provide position and country _____

4(f) Authorized Person Information

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

Name _____ Title _____
First Middle/MI Last

SSN/TIN: _____ DOB (mm/dd/yyyy) _____

Physical Residential Address:

Number and Street Apt./Suite/Floor

City State Country Zip/Postal Code

Is this individual a Politically Exposed Person? Yes No

If yes please provide position and country _____

I certify to the best of my knowledge, that the information provided above is complete and correct.

Signature of Authorized Person opening account Date

On behalf of entity policy owner

Sample Owner Designations

- Insured.
- Insured’s wife, MARGARET H. ROE, and after her death, the Insured.
- Insured’s husband, JAMES ROE, and after his death, his estate.
- Insured’s husband, JAMES ROE, and after his death, the Insured’s son, JOHN ROE, and after the death of the last to die of her husband and son, the Insured.
- Insured’s husband, JAMES ROE, and after his death, the Insured’s son, JOHN ROE, and after the death of the last to die of her husband and son, the estate of such last to die.

Check one (All Joint Owners must select same option):

I elect the owner _____ to receive the billing
Last name First name

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

Check the box if you are NOT subject to backup withholding under the provisions of section 3406(a)(1)(C) of the Internal Revenue Code...

Please be advised: Due to IRS implementation of the Foreign Account Tax Compliance Act (FATCA), taxable disbursements made to entity (business, trust or estate) owners/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, Equitable & EFLOA 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.

5. Special Instructions

Final Owner if all designated owners above predecease the Insured (if no box is checked, Final Owner will default to the Insured):

- The Insured
- The executors or administrators of the owner or, if two or more owners, owned jointly or by survivor, to the executors or administrators of the last to die of said owners.

• Please refer to General Information on Present Owner Signature Requirements to provide required trustee signatures

Signature: _____
 Signature of Present Owner (Title, if applicable) Print Owner's Name Current Date (mm/dd/yyyy)

Signature: _____
 Signature of Present Owner (Title, if applicable) Print Owner's Name Current Date (mm/dd/yyyy)

Signature: _____
 Signature of Present Owner (Title, if applicable) Print Owner's Name Current Date (mm/dd/yyyy)

Signature: _____
 Signature of New Owner (Title, if applicable) Print Owner's Name Current Date (mm/dd/yyyy)

Signature: _____
 Signature of New Owner (Title, if applicable) Print Owner's Name Current Date (mm/dd/yyyy)

Signature: _____
 Signature of New Owner (Title, if applicable) Print Owner's Name Current Date (mm/dd/yyyy)

Signature: _____
 Signature of Collateral Assignee (Company and Title, if applicable) Current Date (mm/dd/yyyy)

(Refer to General Information for Change of Ownership as additional documentation may be required.)

General Information Pages

Please detach these pages from Ownership Change Request Form before mailing.

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 Equitable Financial Crime Office (FCO).
- 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, I, 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 Equitable Financial Anti-Money Laundering policy.
- All owners are required to provide a completed W9 form with the change request or applicable W8 form.
- 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 Equitable AMLO. In addition to the requirements outlined above, the AMLO also requires these new Owners to have a U.S. Bank account.
- Beneficial Owner and controlling person: Is 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)
- Contingent/Successive Owner: this is a designation on the policy, where the beneficiary assumes ownership of the policy/contract at time of death of the owner
- 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
- 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
- Grantor: person placing the assets in the trust
- 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
- NAICS Code – The North American Industry Classification System (NAICS) is a system for classifying establishments (individual business locations) by type of economic activity
- 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 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
- Signature Date: This form must be received within 12 months of the signature(s) date.
- A copy of this form containing a company signature will be sent to the proposed new owner once the ownership change has been recorded.

General Information on Present Owner Signature Requirements

- | | |
|---------------------------|---|
| • Individual/Joint Owners | Must be signed by all Owners. |
| • Trust | Must be signed by current Trustee (s) with their title. |
| • Assignments | Collateral Assignment-collateral assignee and present owner(s) must sign, Absolute Assignment-absolute assignee only must sign. |
| • Attorney in Fact | Must be signed by the Attorney in Fact, if the Power of Attorney is in effect and not expired by its own terms. A current copy of the Declaration of Attorney-in-Fact will also be required. Please contact the Service Center to obtain this form. |

Corporations:

- Policies under \$1,000,000 – One officer OTHER than the Insured and the Officer's title must accompany his/her signature.

- Policies \$1,000,000 or more – Submit a Corporate Resolution executed by an officer other than the new Owner. The Corporate Resolution should authorize the change and must be dated on or before the change request.

Partnership:

- Policies under \$1,000,000 – One officer OTHER than the Insured and the Officer's title must accompany his/her signature.
- Policies \$1,000,000 or more – Submit a Partnership statement executed by a Partner other than the new Owner. The Partnership statement should state: (a) the names of all partners at the time the partnership acquired an interest in the policy; (b) that there has been no change in the partnership; (c) that the policy has not been assigned or transferred; and (d) that the partner signing the form is authorized to act on behalf of the partnership, if these are the facts. If any change has taken place, full details should be furnished to us. **The signing partner should include his or her title with their signature.**

General Information on Policy Provisions

- The term "Owner" shall mean the person in whom "Policy Rights" are vested.
- The Owner can exercise all of the rights of the policy while the Insured is living, without the consent of anyone who has only a conditional or future ownership interest in the policy.
- Unless stated on the request: a) if two or more persons are named as Owners, the policy will be owned jointly (equally by all named parties) or by the survivor, b) if all persons named as Owners die before the Insured, the Owner will be the estate of the last such person to die.
- An Owner who is a minor may not exercise ownership rights except as permitted by law.
- Changes in ownership shall be subject to any assignment in effect and on file with us.

General Information on Tax Basis Resulting from Policy Ownership Changes

- When the ownership of a policy is changed from a Corporation or qualified plan Trustee to the Insured, Equitable Financial Life Insurance Company/ Equitable Financial Life Insurance Company of America (EFLOA)/Equitable Financial Life and Annuity Company/Equitable Financial Life Insurance and Annuity Company (CA) should be furnished with documentation that would allow us to adjust the new Owner's cost basis in the policy. This documentation could consist of either of the following:
 - P.P copies of Forms 1099 or W-2 that were filed by the previous Owner,
 - P.Q copies of documents showing the Economic Benefit that was used each year,
 - P.R copies of any checks written by the new Owner that were used to purchase the policy from the old Owner, or
 - P.S if there is a loan on the contract, indicate who received the proceeds.
- If we do not receive this information, we are required to report all future taxable distributions as "Taxable amount not determined."

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 the IRS. If you are an entity (U.S. or foreign), your Taxpayer Identification Number is the Employer Identification Number or "EIN" issued by the 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 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 Equitable Financial Life Insurance Company/Equitable Financial Life Insurance Company of America (EFLOA)/Equitable Financial Life and Annuity Company/Equitable Financial Life Insurance and Annuity Company (CA) within 60 days, Equitable Financial Life Insurance Company/Equitable Financial Life Insurance Company of America (EFLOA)/Equitable Financial Life and Annuity Company/Equitable Financial Life Insurance and Annuity Company (CA) is required by law to withhold on any taxable interest being credited to the policy/contract.

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, Equitable Financial Life Insurance Company/Equitable Financial Life Insurance Company of America (EFLOA)/ Equitable Financial Life and Annuity Company/Equitable Financial Life Insurance and Annuity Company (CA) 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.



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