



Representative Name (Print): _____

Policy/Contract Number(s): _____

Office Name/Number: _____

CONTRACT CHANGE REQUEST

1. INSURED/ANNUITANT INFORMATION

First Name Middle Name Last Name

Street Address (Include mailing if different) City State ZIP [] New Address

Telephone Number Birth Date Social Security/Tax ID Number

2. OWNER(S) INFORMATION (If different from Insured/Annuitant)

First Name Middle Name Last Name

Street Address (Include mailing if different) City State ZIP [] New Address

Telephone Number Birth Date Social Security/Tax ID Number

3. JOINT OWNER INFORMATION

First Name Middle Name Last Name

Street Address (Include mailing if different) City State ZIP [] New Address

Telephone Number Birth Date Social Security/Tax ID Number

4. CHANGE OF NAME INFORMATION (Completing this section does not change the owner or any beneficiary designation.)

Name Change of:

[] Insured/Annuitant [] Owner [] Joint Owner [] Payor

Reason for Change: Attach a copy of required legal evidence (e.g., marriage certificate, driver's license, passport).

[] Marriage [] Divorce [] Correction [] Other _____

Former Name New Name

5. NEW OWNER/PAYOR CHANGE INFORMATION (This ownership change does not change current beneficiary designations. If the new owner elects to change the current beneficiary designation, new owner must attach a signed Beneficiary Change Request form. If due to the death of the contract owner, please attach a certified copy of the letter of testamentary/administration of the owner's estate. The estate administrator must authorize this ownership change by signing section 14 of this form. If a trust is named the new owner, complete the Verification of Trust form.)

New Owner Relationship to the Insured/Annuitant Social Security/Tax ID Number Birth Date

Street Address (Include mailing if different) City State ZIP Telephone Number

New Payor Relationship to the Insured/Annuitant Social Security/Tax ID Number Birth Date

Street Address (Include mailing if different) City State ZIP Telephone Number

6. WITHDRAWAL (Net: The remaining amount the owner will receive after deductions. Gross: The amount the owner will receive before deductions.)

[] Send partial withdrawal for \$ _____ [] Withdraw dividends/contract credits [] Withdraw paid-up additions
[] Net or [] Gross

7. LOAN (Net: The remaining amount the owner will receive after deductions. Gross: The amount the owner will receive before deductions.)

[] Process loan for \$ _____ [] Process loan for maximum amount
[] Net or [] Gross

8. SURRENDER/RIGHT TO RETURN

Surrender:

I elect to surrender the contract

Right to Return:

I elect the Right to Return provision

The contract is:

Lost Attached

9. TAX WITHHOLDING INFORMATION

Yes, withhold Federal Income Tax from the proceeds

No, do not withhold Federal Income Tax from the proceeds

10. OTHER REQUESTS/INFORMATION

11. AUTHORIZATION

I(We), the undersigned, hereby request and direct Liberty Life Assurance Company of Boston (the Company) to change this contract as noted on this Contract Change Request. I(We) represent that all statements and information contained herein are true and complete to the best of my(our) knowledge and belief. I(We) understand that if I(we) surrender the contract a charge may apply and if I(we) report the contract as lost, I(we) agree to surrender it to the Company if found later without further claim. I(We) agree that if I(we) exercise the right to return provision, I(we) understand that only the amount required will be returned under the terms of the contract. The signature of the owner's spouse, or domestic partner (as applicable), is required if the owner lives in one of the following community property states: AZ, CA, ID, LA, NV, NM, TX, WA, or WI. I/(We) understand that a change of owner will not be binding until it is received and acknowledged by the Company. The change of owner will take effect as of the date signed below, subject to any payment made or action taken by the Company before receipt and acknowledgement.

12. NOTICE REGARDING FEDERAL AND STATE INCOME TAX WITHHOLDING

Federal law requires that income taxes be withheld from the taxable portion of the proceeds unless elected not to have taxes withheld. If not elected otherwise, we will withhold taxes from the taxable portion of the payments at the rate for a married individual with three dependents. A 10% rate applies to lump sum payments. Remember, failure to withhold could lead to penalties for underpayment of estimated tax. Certain states require income tax withholding unless elected not to have federal taxes withheld. If taxes are withheld on any basis other than the automatic withholding specified, please complete form W-4 and return it with this form. Payments made outside the United States will require withholding automatically unless clarified (1) that the owner is not a U.S. Citizen or resident alien; or (2) that the owner is not a tax avoidance expatriate under Section 877 of the Internal Revenue Code. If the correct Social Security Number or Tax ID Number is not provided, withholding will occur.

13. SOCIAL SECURITY/TAX ID NUMBER (TIN) CERTIFICATION

By signing this form, I certify under penalties of perjury that: (1) the Social Security/Tax ID number shown is correct, and (2) I am not subject to backup withholding due to failure to report interest or dividend income, (3) I am a U.S. Person (U.S. Citizen, U.S. Resident Alien or other U.S. Person as defined by the Internal Revenue Service (IRS)), and (4) I am exempt from FATCA reporting. (If you are subject to backup withholding, cross out item (2) above.)

SSN/TIN Section only

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

14. SIGNATURES

Owner Signature
(Executor/Administrator/Power of Attorney/Trustee, if applicable)

Print Name

Date (mm/dd/yy)

Joint Owner Signature

Print Name

Date (mm/dd/yy)

New Owner/New Payor Signature

Print Name

Date (mm/dd/yy)

Spouse/Domestic Partner Signature (As applicable)
(Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only)

Print Name

Date (mm/dd/yy)

Irrevocable Beneficiary(ies) Signature (If applicable)

Print Name

Date (mm/dd/yy)

Witness Signature
(Only required for owner change and must be a third party disinterested adult)

Print Name

Date (mm/dd/yy)

SUPPLEMENT FOR ADDITIONAL INFORMATION

Please provide detailed contact information for parties associated with this contract. This form is not valid to change any owner or beneficiary of the contract. If a change to beneficiary is desired, please complete the Beneficiary Change Request form.

1. OWNER INFORMATION

Name _____

Telephone Number _____

Birth Date _____

Social Security/Tax ID Number _____

2. ADDITIONAL INFORMATION FOR DESIGNATED BENEFICIARIES

Name _____

Street Address (Include mailing if different) _____

City _____

State _____

ZIP _____

Telephone Number _____

Birth Date _____

Social Security/Tax ID Number _____

Name _____

Street Address (Include mailing if different) _____

City _____

State _____

ZIP _____

Telephone Number _____

Birth Date _____

Social Security/Tax ID Number _____

Name _____

Street Address (Include mailing if different) _____

City _____

State _____

ZIP _____

Telephone Number _____

Birth Date _____

Social Security/Tax ID Number _____

Name _____

Street Address (Include mailing if different) _____

City _____

State _____

ZIP _____

Telephone Number _____

Birth Date _____

Social Security/Tax ID Number _____

Agent Use Only

Information requested but not provided.