



**Affiliates:**  
 Annuity Investors Life Insurance Company®  
 Manhattan National Life Insurance Company

**Administrator for Life Insurance and Annuities:**  
 American Retirement Life Insurance Company  
 Cigna National Health Insurance Company  
 Continental General Insurance Company®  
 Loyal American Life Insurance Company®  
 Provident American Life & Health Insurance Company

**PO Box 5416, Cincinnati OH 45201 / 888-863-5891 / 800-859-0021 Fax**

**Overnight Address: 191 Rosa Parks St, Cincinnati OH 45202**

Policy Number

**1. CURRENT OWNER INFORMATION (Please print)**

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

**2. NEW OWNER DESIGNATION (Please print)**

<b>NEW</b> Owner Name (if applicable)	<b>NEW</b> Joint Owner Name (if applicable)
Address	Address
Date of Birth / Social Security/Tax ID #	Date of Birth / Social Security/Tax ID #
Preferred Contact Phone # (     ) <input type="checkbox"/> Home <input type="checkbox"/> Cell	Preferred Contact Phone # (     ) <input type="checkbox"/> Home <input type="checkbox"/> Cell
Verification of Identification (required by Section 326 of Patriot Act) <b>Must</b> provide a photocopy of the driver's license, passport, or photo ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State or Military Photo ID ID Number _____ State/Country of Issue _____ Expiration Date _____	Verification of Identification (required by Section 326 of Patriot Act) <b>Must</b> provide a photocopy of the driver's license, passport, or photo ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State or Military Photo ID ID Number _____ State/Country of Issue _____ Expiration Date _____

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 MassMutual Ascend Life Insurance Company.

With respect to any trust designated as Beneficiary, the appropriate MassMutual Ascend Life Insurance Company shall neither be obligated to inquire into the terms of the trust, nor shall the appropriate MassMutual Ascend Life Insurance Company be chargeable with knowledge of the terms of the trust, and the appropriate MassMutual Ascend Life Insurance 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, phone number, 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	
Phone	Email Address
Name	Relationship to New Owner(s)
Social Security Number	Date of Birth
Address	
Phone	Email Address

### CONTINGENT BENEFICIARY(IES) *(Please print)*

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

**6. SIGNATURE AUTHORIZATION FROM CURRENT OWNER(S)**

By signing this form, each Current Owner declares that no insolvency, divorce, or bankruptcy proceeding is pending against him/her, and that he/she has not executed any assignment or transfer which is not of record with the appropriate MassMutual Ascend Life Insurance Company. Each Current Owner agrees and certifies that the appropriate MassMutual Ascend Life Insurance Company is authorized to change ownership of the policy to the New Owner(s) as indicated on this form, and further agrees to hold harmless and indemnify that MassMutual Ascend Life Insurance Company as to any and all claims or demands which may be made by reason of this ownership change.

Signature of Current Owner <i>(If Corporation, signature and title of authorized officer)</i>	Date	Signature of Current Joint Owner <i>(If Applicable)</i>	Date
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**We reserve the right to require that the signature(s) of the Current Owner(s) be notarized.** *To avoid processing delays, please consider having your signature notarized prior to submitting this request.*

*If a Power of Attorney is used to sign this form for a Current Owner, then we must have received a copy of the Power of Attorney document. We will also require a completed Affidavit Related to Power of Attorney, Form #AAG2816, signed within 90 days of the ownership change request. If this transfer is a gift, then the Power of Attorney must expressly authorize you to make a gift.*

*If this life insurance policy is already owned by a trust but there has been a change in the trustee, you do not need to complete this form. Simply complete and submit a new Trust Certification and Agreement (Form X6017907NW). If the trust is an irrevocable trust, you must also submit a new Trust Certification – Irrevocable Trust Addendum (Form X6057918NW).*

STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ ) SS:

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_  
 by \_\_\_\_\_

My Commission expires: \_\_\_\_\_  
 Signature of Notary Public

\_\_\_\_\_  
 MM/DD/YYYY

SEAL

**7. SIGNATURE AUTHORIZATION FROM NEW OWNER(S)**

I/we hereby accept ownership of the policy, revoke all prior Beneficiary designations and death benefit payment elections and make the Beneficiary Designation (if any) under Section 5 above, and acknowledge that this transfer is subject to any outstanding policy loans to a MassMutual Ascend Life Insurance Company and to any other assignment of the policy in force and on file with the MassMutual Ascend Life Insurance Company.

Signature of New Owner <i>(If Corporation, signature and title of authorized officer)</i>	Date	Signature of New Joint Owner <i>(If Applicable)</i>	Date
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*If a Power of Attorney is used to sign this form on behalf of a New Owner, then we must receive a copy of the Power of Attorney document and a completed Affidavit Related to Power of Attorney (Form #AAG2816) signed within the last 90 days. If the Power of Attorney does not expressly authorize you to designate a beneficiary, or if you are a direct or indirect beneficiary and the Power of Attorney does not expressly allow self-dealing, our acceptance of the designation of beneficiary is conditional and we may require the consent of all interested parties before we pay a death benefit.*