

Request for Change of Ownership



Instructions

INFORCE SERVICES DEPARTMENT . Raritan Plaza I, P.O. Box 7836 . Edison, New Jersey 08818-7836 . 1-800-832-7783 .

The change of Ownership will take effect on the date the following form is received at the Administrative office in good order along with any additional requirements listed below. The RCO-IS form is considered in good order if the following fields are completed:

- **Current Owner Information:** Policy/Contract number, Name of the Insured/Annuitant, Name, Address and Telephone number of Owner.
- **New Owner Information:** Name, Address, Relationship to the insured, SS#, Date of Birth, Address and Telephone number.
- **Signature of Current Owner:** Note, if joint owners, both owners must sign the form.
- **Signature of New Owner:** Note, if joint owners, both owners must sign the form.
- **Current date:** The form must be received at our Administrative office within 60 days of the date the form was signed. If the form is received 60 days after it was signed, the request will be rejected and completion of a new form will be required.

Note: The change of ownership does not affect the Beneficiary designation on file. If the new owner wishes to change the Beneficiary designation, a Request for Beneficiary Change form must be completed.

Please remember; while you are able to change the ownership of a policy/contract, the designated insured/annuitant will remain unchanged.

Please refer to the chart below for requirements needed to do a change of ownership.

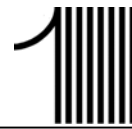
Type of Ownership Change

Requirements

To an Individual	<ul style="list-style-type: none"> • Request for change of ownership form. • MAAP-SO completed by the new owner.
To a Corporation	<ul style="list-style-type: none"> • Request for change of ownership form. • MAAP-A completed with the EIN number for the corporation, signed by an officer of the corporation. • Corporate resolution.
To a Trust	<ul style="list-style-type: none"> • Request for change of ownership form. Please include the address of the trustee under the new owner information. • Copies of the first and signature pages of the trust. • MAAP-O completed with the Trust ID number for the trust, signed by the trustee. • Certificate of authority.
When the insured reaches the age of majority	<ul style="list-style-type: none"> • MAAP-SO signed by the former minor. • Letter of instruction signed by the former minor.
Due to Death of the Owner – <i>Only applicable for Life Policies</i>	<ul style="list-style-type: none"> • Certified copy of the Death Certificate. • Letters Testamentary or Letters of Administration. • Request for change of ownership signed by the Executor/Executrix of the Estate as the current owner. • MAA (whichever is applicable) completed by the new owner.
Due to the Death of the Owner – <i>Only applicable for Annuity Contracts as a spousal exception.</i>	<ul style="list-style-type: none"> • Certified copy of the Death Certificate. • Return of the contract or the Lost Policy Declaration for Beneficiaries form (CL-39). • New FIVA application completed by the spouse. • MAAP-SO completed by the spouse.

Note: This option is available only in the situation where the spouse is the sole and primary beneficiary of the deceased owner/annuitant.

Request for Change of Ownership



First Investors Life Insurance Company

INFORCE SERVICES DEPARTMENT . Raritan Plaza I, P.O. Box 7836 . Edison, New Jersey 08818-7836 . 1-800-832-7783 .

Policy/Contract Number: _____
Name of Insured/Annuitant: _____
Name of Current Owner: _____ (Telephone#): _____
Current Owner's Address: _____

Date Received at the
Administrative Office:

A Master Account Agreement (MAA) must be completed by the new owner and accompany this form, unless there is one on file. Please refer to the Instructions page for the appropriate MAA.

The undersigned hereby requests that the ownership of the referenced Policy/Contract be changed and that the following provision be added to and made part of the above First Investors Life Insurance Company Policy/Contract:

New Policy/Contract Owner

Name: _____
Relationship:
(to the insured/annuitant) _____
SS#: _____
D.O.B: _____ Telephone # : _____
Address: _____

City State Zip Code

Is the Ownership Change in connection with a structured or viatical settlement? Yes No

Once the Company receives and accepts this form, the Owner designation will be changed and all other documents pertaining to ownership of the Policy/Contract will be null and void. Once accepted, the new Owner may, during the lifetime of the Insured/Annuitant, without the consent of the Insured/Annuitant and to the exclusion of the Insured/Annuitant, exercise all rights, privileges and options and receive all benefits conferred by the Policy/Contract, anything in the Policy/Contract to the contrary notwithstanding, except that any benefit paid at the death of the Insured/Annuitant shall be paid to the designated Beneficiary(ies), if any, otherwise such benefit shall be paid to the Owner.

It is hereby warranted that the undersigned is Owner of the said Policy/Contract and of all the right and privileges incident thereto; that there has been no assignment of the Policy/Contract or any part thereof, and that no proceedings in bankruptcy or insolvency have been filed or are pending against the current or new owner.

Signed at _____, this _____, day of _____, _____
City / State Day Month Year

Signature of New Owner: _____ Signature of Current Owner: _____
Joint/New Owner: _____ Joint/Current Owner: _____

FOR COMPLETION BY ADMINISTRATIVE OFFICE ONLY

The foregoing change of ownership is added to and made part of said Policy/Contract as of the date of execution.
Dated at the administrative office, on _____, by _____.

Registrar

Carol Springsteen,
President