

INSTRUCTIONS: Do not use this form in a case where owner is deceased.
Use this form to name a new Absolute Assignee (Owner). An Absolute Assignee is entitled to exercise all ownership rights and receive the death benefit. Complete this form in its entirety to avoid any delays in processing.

Policy No.: xxxxx Insured: John Doe

The Policy Owner hereby transfers the ownership of the policy to:

New Owner's Name: Jane Doe
 Social Security No or Tax ID No: 111-11-1111 Date of Birth: 1-1-80
 Mailing Address: 111 Sample 254-752-6521
Box Number or Street Address Telephone Number
City St. Zip
City State Zip

The Policy Owner assigns to the New Owner all rights and interests in the policy which include, but are not limited to, money due now or in the future, benefits accrued now or in the future and the right to change the beneficiary or to surrender the policy. All the rights and interests of the New Owner may be exercised without notice to, or the consent of, the Policy Owner. The Policy Owner releases Texas Life from any liability for any action it takes while relying on this assignment. This assignment is binding on the Policy Owner's heirs, executors, administrators and assigns.

For the purpose of this form a facsimile copy of my signature shall be as valid as an original.

TO BE COMPLETED BY CURRENT OWNER (S)

► Signature: John Doe John Doe
Print Name (First / Middle / Last)

Signed at City: Waco State: TX Date: 8-2-18

► Witness Signature: Sample Policy Sample Policy 8-2-18
Print Name (First / Middle / Last) Date

► Signature: _____
Print Name (First / Middle / Last)

Signed at City: _____ State: _____ Date: _____

► Witness Signature: _____
Print Name (First / Middle / Last) Date

TO BE COMPLETED BY NEW OWNER (S)

Substitute Form W-9 - Request for Taxpayer Identification Number

Under penalties of perjury, I certify that:

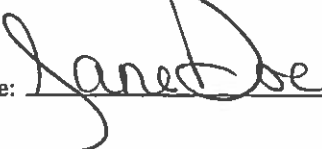
- 1. The number shown on this form is my correct taxpayer identification number, and;
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and;

(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)

- 3. I am a U.S. Citizen or other U.S. person, and;
- 4. I am not subject to Foreign Account Tax Compliance Act (FATCA) reporting because I am a U.S. person and the account is located within the United States.

(If you are not a U.S. Citizen or other U.S. person, for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.)

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

▶ Signature:  Jane Doe
 Print Name (First / Middle / Last)

Social Security or Tax ID Number: 111-11-1111 Date: 8-2-18

▶ Signature: _____
 Print Name (First / Middle / Last)

Social Security or Tax ID Number: _____ Date: _____

▶ Signature: _____
 Print Name (First / Middle / Last)

Social Security or Tax ID Number: _____ Date: _____

DO NOT SEND POLICY
Forms cannot be accepted which contain corrections or erasures.

TAXPAYER ID NUMBER CERTIFICATION AND WITHHOLDING ELECTION

Policy Number xxxxxxxx

Insured John Doe

Please complete the bulleted sections of this form. The Federal Income Tax Withholding Notice is to be retained by you for your records.

- **POLICYOWNER'S TAXPAYER IDENTIFICATION NUMBER (SSN or EIN):** 111-11-1111
- I acknowledge receipt of the Federal Income Tax Withholding Notice and I elect the following to occur from any taxable portion of this distribution (**Please check one**)
 - No Withholding
 - Withholding
- If withholding is elected and you want an amount withheld other than the standard ten(10%) percent, please enter that amount here \$ _____ .

CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and;
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and;
(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)
3. I am a U.S. Citizen or other U.S. person, and;
4. I am not subject to Foreign Account Tax Compliance Act (FATCA) reporting because I am a U.S. person and the account is located within the United States.
(If you are not a U.S. Citizen or other U.S. person, for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.)

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

For the purpose of this form a facsimile copy of my signature shall be as valid as an original.

Jane Doe
Policy Owner's Signature

8-1-18
Date

Please retain this page for your records.

FEDERAL INCOME TAX WITHHOLDING NOTICE

Under current Federal income tax law, any taxable portion of this distribution is subject to Federal income tax withholding at the rate of (10%) ten percent.

You may elect not to have withholding apply. To make such election, please mark the withholding election in Section A. You must also sign and date the form and provide your Taxpayer Identification Number.

In making your election, please be aware that even if you elect not to have withholding apply, you are liable for the payment of Federal income tax on any taxable portion of the cash surrender value. Also, if you are required to file an estimated tax return under the estimated tax payment rules, you may be subject to penalties if your tax payments in addition to any amounts withheld by us, are not sufficient to satisfy your tax liabilities.

If you do not complete the election request, we will withhold Federal income tax from any taxable portion of your payment.