

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.

Contract No.: _____ Insured: _____

The Contract Owner hereby transfers the ownership of the contract to:

New Owner's Name: _____

Social Security No or Tax ID No: _____ Date of Birth: _____

Mailing Address: _____ Telephone Number _____

Box Number or Street Address

Telephone Number

City

State

Zip

The Contract Owner assigns to the New Owner all rights and interests in the contract 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 contract. All the rights and interests of the New Owner may be exercised without notice to, or the consent of, the Contract Owner. The Contract Owner releases Texas Life from any liability for any action it takes while relying on this assignment. This assignment is binding on the Contract 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: _____
Print Name (First / Middle / Last) _____

Signed at City: _____ State: _____ Date: _____

► Witness Signature: _____
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.

For contracts issued in California:

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

► 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: _____

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

Social Security or Tax ID Number: _____ Date: _____

HOW TO SUBMIT THIS FORM**MAIL:**

Texas Life Insurance Company
PO Box 830
Waco, TX 76703-0830

FAX: 254-745-6393

EMAIL: customerservice@texaslife.com

DO NOT SEND CONTRACT

Forms cannot be accepted which contain corrections or erasures.