Standard Life Insurance Company of Indiana®

TRANSFER OF OWNERSHIP REQUEST

Contract Number: _____ Contract Owner: _____

I authorize the transfer of all my rights, title and interest for the above referenced contract number to:

New Primary Owner:

_____ _____
Name Date of Birth

_____
Mailing Address

_____
City State Zip Code

This change revokes all prior designations made by me and is subject to all the terms and provisions of the contract. The change becomes effective on the "Home Office" date of recording, without prejudice to the Company of account of any payment made or any action taken or permitted by the Company before recording such change. If a trust is being named the owner, please include the name of the Trust, Trustee, Successor Trustee, and the Tax Identification Number of the Trust.

Note: Ownership transfer may be a taxable event. The transferring Owner will receive an IRS FORM 1099R in February next year reporting any taxable amount. The following statement is required by the IRS: Under penalty of perjury, I certify that the number shown on this form is my correct Social Security or Taxpayer ID Number, and I am not subject to back-up withholding.

This form dated at _____ on the ____ day of _____, 20____
City/State

_____	_____	(_____)_____
Transferring Owner's Signature	Transferring Owner's Social Security or Taxpayer ID Number	Transferring Owner's Telephone Number
_____	_____	(_____)_____
New Owner's Signature	New Owner's Social Security or Taxpayer ID Number	New Owner's Telephone Number
_____	(_____)_____	_____
Signature of Witness*	Telephone Number of Witness	New Owner's Email Address (if available)

***The Transferring Owner's signature must be witnessed by an adult other than the new owner.**

After we have recorded the change, an acknowledged copy of this form will be sent to you to be kept with your policy.

For Home Office Use Only

Recorded By: _____ Date: _____