

AMERUS Life Insurance Group

AmerUs Life Insurance Company • 800/800-9882
P.O. Box 1555 • Des Moines, Iowa 50306-1555
 Indianapolis Life Insurance Company • 800/428-7031
P.O. Box 14590 • Des Moines, IA 50306-3590
Please check appropriate company. ONE BOX MUST BE CHECKED.

Change of Ownership Form

COMPLETE ALL SECTIONS (Please print or type all information *except* signatures. Please use black ink.)

SECTION 1:

Insured/Annuitant: _____ Policy Number: _____
Current Owner: _____ Telephone No. of Owner: (____)____-____
Current Owner's Address: _____ Address Change Requested:

SECTION 2:

New Owner: _____ Social Security No. or Tax Identification No.* _____
Address of New Owner: _____ City _____ State _____ Zip Code _____
Telephone No. of New Owner: (____)____-____ E-mail Address: _____

* Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, and (2) that I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the 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. Refer to IRS Form W-9 for complete information regarding backup withholding and Taxpayer Identification Numbers.

Signature of New Owner (Title of Officer if Corporation or Trustee, if applicable) _____ Date _____

Other Required Signatures (Additional Owners or Irrevocable Beneficiaries, if any)

NOTE:
1. If Owner is a corporation, an officer (other than the Insured) must sign. If Owner is a trust, the trustee must sign as "trustee".
2. If premiums are paid by Pre-Authorized Payment, you may want to change the Payor. If so, submit a new Authorization form and void check for the new Payor and/or Owner.

Contingent Owner: Upon death of the new Owner, ownership shall transfer to:

Social Security No. or Tax Identification No. _____
Upon death of the Owner, (if no Contingent Owner is designated), or both the Owner and Contingent Owner, ownership shall vest in the Estate of the Owner, unless provided herein.

SECTION 3:

I (We) transfer all right, title and interest in the above policy, and all claims, dividends, values and rights in and to be derived therefrom, during the lifetime of the Insured, subject to the conditions and provisions of the policy to the new owner listed above.

Signature of Current Owner (Title of Officer if Corporation or Trustee, if applicable) _____ Date _____

Other Required Signatures (Additional Owners or Irrevocable Beneficiaries, if any)

NOTE:
1. A beneficiary change may be appropriate.
2. The change in ownership will precede any request to change the beneficiary designation that may accompany this form.

STATE OF _____ This Change of Ownership Form was acknowledged and signed before me this ____ day
COUNTY OF _____ of _____, 20____, by _____.

(Signature of Notary) (Name of Notary Typed, Printed, or Stamped)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

(Notary Seal)



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