

Transfer of Ownership/Change of Beneficiary/Change of Annuitant

INSURER

OM Financial Life Insurance Company

INSURED

Contract No.

Insured / Annuitant

PART A: TRANSFER OF OWNERSHIP

The undersigned hereby transfers ownership of said, together with all rights and privileges incident thereto, including the right to receive all amounts payable during the insured's lifetime to:

Name Relationship of new owner to insured

New owner's Social Security Number New owner's date of birth

Address City State Zip

Joint owner (if any) Relationship of joint owner to insured

Joint owner's Social Security Number Joint owner's date of birth

Address City State Zip

and to the executors, administrators, successors or assigns of the transferee, except that the naming of joint owners herein will create right of survivorship unless otherwise designated. If the subject contract is a juvenile contract (Issue age 0-14) the rights hereby transferred will be limited as provided by the contract provisions entitled Ownership and Transfer of such contract. Subject to the terms and conditions of the contract, this transfer shall take effect as of the date hereon. This transfer shall revoke any previous designation of owner or contingent owner or any transfer of ownership and effective date which has not been reached but shall not revoke any designation of beneficiary. Under the penalties of perjury, I certify that the social security number reflected above is correct, and I have not been notified by IRS that I am subject to backup withholding. (If you have been advised you are subject to back-up withholding you must indicate so here: O)

PART B: CHANGE OF BENEFICIARY

Effective immediately prior to the transfer of ownership provided in Part A above, the beneficiary designation under said policy is hereby changed as follows: (Please print name in full giving relationship to insured.)

Primary Beneficiary Relationship to Insured Social Security No. Date of Birth

Mailing Address City State Zip

Contingent Beneficiary Relationship to Insured Social Security No. Date of Birth

Mailing Address City State Zip

OM Financial Life Insurance Company Baltimore, MD

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PART C: CHANGE OF ANNUITANT

Note: This change is subject to the annuity contract provisions and is not available on all annuity contracts. Please refer to your annuity contract or contact your insurance representative.

The Annuitant cannot be a non-natural person.

I hereby designate the Annuitant of the contract designated herein to:

Annuitant _____ Social Security No. _____ Date of Birth* _____ Daytime Phone No. _____

Mailing Address _____ City _____ State _____ Zip _____

Reason for change: _____

**Proof of age is required for annuity types 2 through 7.*

IMPORTANT NOTICE

A separate form should be completed for each contract and forwarded to the Home Office. For transfer of ownership without change of beneficiary or change of annuitant, complete Part A only. Otherwise, complete applicable areas to be changed. See rules below regarding signature and other requirements if policy is owned by other than an individual, and for specimen beneficiary designations.

This transaction may be a taxable and reportable event. The Owner(s) is requesting this change pursuant to his/her own specific situation. To this end, the Owner(s) consulted with a financial or tax advisor and acknowledges that he/she is directing the applicable insurance company to effect the change. In addition, the Current and New contract owner(s), participant(s) plan administrator, if applicable, each agree to hold harmless and indemnify OMFN to any and all claims or demands which may be made by reason of the changes so made.

Dated at _____ this _____ day of _____.

Signature of Current Owner/Participant _____ Date _____ Signature of Current Joint Owner/Participant _____ Date _____
(If Corporation, signature and title of authorized officer.)

Signature of New Owner/Participant _____ Date _____ Signature of New Joint Owner/Participant _____ Date _____
(If corporation, signature and title of authorized officer.)

Witness to all signatures _____ Assignee or Irrevocable Beneficiary _____

Acknowledged and accepted by OM Financial Life Insurance Company:

Date _____ By _____

SIGNATURE REQUIREMENTS

If the transfer or exchange is executed by a corporation, a signature from each of two individual officers, authorized by the corporation to effect the assignment on behalf of the corporation, is required. If the above is executed by a partnership, all partners must sign and be designated as a partner. If the policy is owned by a pension or profit-sharing trust, the above should be executed by the trustee(s) empowered under the trust to make such change.

SPECIMEN BENEFICIARY DESIGNATIONS

Insured's Estate -- "Executors or Administrators of the Insured's Estate"

One Primary and One Contingent -- "Mary J. Doe, Insured's Wife, if living at Insured's death, otherwise equally to such lawful children of Insured (or substitute -- 'to such children of Insured by said wife'), as may then be living."

Delayed Payment (Common Disaster) Clause -- "Mary J. Doe, Insured's wife, if living on the 30th day after the death of the Insured; otherwise . . ."

Corporation -- "The Brown Paper Company, Inc., a Maryland Corporation, its successors or assigns."

Partnership -- "John Doe and Sons, a partnership consisting of John Doe, James Doe, and Robert Doe, its successors or assigns."

Corporate Trustee -- "First National Bank, Baltimore, Maryland, trustee, or its successors in trust, under trust agreement dated February 15, 1989."

Individual Trustee -- "John J. Jones Insurance Trust naming Mary Smith as trustee under trust agreement dated February 15, 1989."