

# CUNA MUTUAL GROUP

MEMBERS Life Insurance Company

2000 Heritage Way I Waverly, IA 50677  
Phone: 800.798.5500 I Fax: 608.236.8030

## ABSOLUTE ASSIGNMENT (DESIGNATION OF MULTIPLE OWNERS FOR ANNUITIES)

Office Use Only: 43

Contract Number \_\_\_\_\_ Annuitant \_\_\_\_\_ Owner/Assignor \_\_\_\_\_

### New Owners/Assignees

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Print Name and Relationship) (Social Security Number) (Address and Phone Number)

If you designate a trust as an owner, you must provide a copy of the trust and form 1920(ML) - Trust Certification of Non-Natural Person Status.

If you designate an entity such as a Corporation or Non-Profit Organization as owner, you must also complete form 1921(ML) - Entity Certification Form. This is only available for Zone, Horizon, and Horizon II Variable Annuities.

- Notes:**
- For Horizon and Horizon II Variable Annuities, the maximum number of owners is two and they must be legal spouses. Partners are allowed for issue state of NJ. Partners are allowed for issue state of IL for contracts issued prior to December 18, 2018.
  - For Horizon II Variable Annuities if an owner is added or changed, the amount that will be paid upon the death of the new owner is equal to the contract value on the date Return of Purchase Payment Death Benefit proceeds are payable. There is no impact if an owner is removed.

### IRS Form W-9 must be furnished separately by each Assignee.

- A. For value received, the assignor whose name appears above, assigns, transfers and sets over to the assignees, their successors and assigns, the contract identified above. The contract includes all riders attached to the contract. All rights and privileges in the contract are assigned. This assignment is subject to all terms of the contract and to all superior liens the insurance company has against the contract. The assignor agrees to the provisions of this assignment. The assignees agree to the provisions of this assignment by accepting this form.
- B. The assignees shall hold the policy:  
As joint tenants with right of survivorship. The exercise of ownership rights shall require the consent of all living assignees. The interest of any deceased assignee shall pass to the surviving assignees. If no assignee survives, the contract shall belong to the annuitant(s).
- C. The following specific rights are transferred and assigned by the assignor to the assignees by this assignment:
1. The right to surrender the contract at any time prior to the income payout date for its surrender value as provided by the contract or allowed by the insurance company.
  2. The right to obtain loans from either the insurance company or from other persons, and the right to pledge or assign the contract as security for any loan as allowed by state statutes.
  3. The right to change the beneficiary as provided by the contract.
  4. The right to select and receive income payments provided by the contract or allowed by the insurance company.
  5. All rights not specified above.
- D. The assignor declares that:
1. He or she is the sole/joint and absolute owner of this contract.
  2. No bankruptcy or insolvency proceedings are pending against him or her.
  3. This contract is not subject to any assignment for the benefit of creditors.
  4. The transfer of ownership of an annuity contract generally has tax and legal implications. Once the ownership is effective, the tax reporting of the change cannot be reversed. Therefore, we encourage you to consult with your tax or legal advisor before making an ownership change.

E. Have you received or do you expect to receive any compensation in connection with this request to change ownership?  
 Yes  No

1. We have the right to decline this request.

Signed on \_\_\_\_\_ at \_\_\_\_\_  
Date City and State

\_\_\_\_\_  
Signature of Present Owner/Assignor Date of Birth

\_\_\_\_\_  
Signature of Annuitant (Required in NE & TN if new owner is entity)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of New Owner/Assignee Date of Birth

\_\_\_\_\_  
Signature of Irrevocable Beneficiary

\_\_\_\_\_  
Signature of New Owner/Assignee Date of Birth

**FOR HOME OFFICE USE ONLY**  
Filed \_\_\_\_\_, subject to the terms of the policy.  
By \_\_\_\_\_

\_\_\_\_\_  
Signature of New Owner/Assignee Date of Birth

\_\_\_\_\_  
Signature of New Owner/Assignee Date of Birth