

**USE DARK INK. PRINT OR TYPE. SIGN AND DATE ON PAGE 4.**

Insured's Name (First) (Middle) (Last)			Date of Birth (mm/dd/yyyy)	SSN (include dashes)
Owner's Name (First) (Middle) (Last)			Date of Birth (mm/dd/yyyy)	SSN (include dashes)
Owner's Name (if owned by a non-natural entity)				TIN (include dashes)
Joint Owner's Name (First) (Middle) (Last)			Date of Birth (mm/dd/yyyy)	SSN (include dashes)
Owners Daytime Phone No. (include area code)			Joint Owners Daytime Phone No. (include area code)	
Policy No.	Policy No.	Policy No.		

**Ownership Change**

**NOTE: For all OWNERSHIP and BENEFICIARY changes; if your life policy application was signed in Minnesota and your policy has been in-force for less than 4 years, you must also complete, sign and submit the Insurable Interest Questionnaire form X8105MN (available on our website at [www.jackson.com](http://www.jackson.com)).**

- If multiple Owners, the first Owner's designated SSN/TIN will be used on the Policy.

New Owner's Name (First) (Middle) (Last)			SSN (include dashes)
Relationship to Insured	Date of Birth or Date of Trust (mm/dd/yyyy)	U.S. Citizen?	Email Address
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address (number, street)	(City)	(State)	(ZIP) Phone No. (include area code)

New Joint Owner  New Contingent Owner

New Joint/Contingent Owner's Name (First) (Middle) (Last)			SSN (include dashes)
Relationship to Insured	Date of Birth (mm/dd/yyyy)	U.S. Citizen?	Email Address
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address (number, street)	(City)	(State)	(ZIP) Phone No. (include area code)

**Mailing Address Change**

Permanent  Temporary From: \_\_\_\_\_ (mm/dd/yyyy) To: \_\_\_\_\_ (mm/dd/yyyy)

Name (First) (Middle) (Last)			SSN (include dashes)
Policy Role: <input type="checkbox"/> Owner <input type="checkbox"/> Joint Owner <input type="checkbox"/> Insured	Other: _____		Email Address
New Mailing Address (number, street)	(City)	(State)	(ZIP) Phone No. (include area code)



## Beneficiary Change

**NOTE: For all OWNERSHIP and BENEFICIARY changes; if your life policy application was signed in Minnesota and your policy has been in-force for less than 4 years, you must also complete, sign and submit the Insurable Interest Questionnaire form X8105MN (available on our website at [www.jackson.com](http://www.jackson.com)).**

- Percentages must equal 100% for each beneficiary type. **If left blank, all beneficiaries will receive equal shares.**
- For additional beneficiaries, please attach Beneficiary Designation Supplement form X3041 for Jackson Policies or N3041 for Jackson of NY Policies, signed and dated by the Owner (available at [www.jackson.com](http://www.jackson.com)).
  - Please check here if form X3041 or N3041 is being submitted.
- **This request will revoke all previous beneficiary designations.**
- **You must select at least one primary beneficiary unless you are only adding a contingent or changing the current contingent beneficiary.**
- Unless otherwise indicated, all beneficiaries will be **primary beneficiaries and revocable.** (You will retain the right to change beneficiary designations in the future.)

**Irrevocable** — By checking this box, the named irrevocable beneficiary obtains a vested interest in this Policy and must sign (along with the Owner) for any future changes to, surrender of, withdrawals from, or transfer of this Policy as requested by the Owner, including a change of the named irrevocable beneficiary. **All irrevocable beneficiary(ies) must also sign this form on the appropriate line(s) in the "Signatures" section.**

<input checked="" type="checkbox"/>	Beneficiary Name	Date of Birth (mm/dd/yyyy)	SSN/TIN (include dashes)	Percentage %
<input type="checkbox"/> P				
<input type="checkbox"/> IP				
<input type="checkbox"/> C	Address (number, street) (City) (State) (ZIP)	Relationship		
<input type="checkbox"/> IC				

  

<input type="checkbox"/>	Beneficiary Name	Date of Birth (mm/dd/yyyy)	SSN/TIN (include dashes)	Percentage %
<input type="checkbox"/> P				
<input type="checkbox"/> IP				
<input type="checkbox"/> C	Address (number, street) (City) (State) (ZIP)	Relationship		
<input type="checkbox"/> IC				

  

<input type="checkbox"/>	Beneficiary Name	Date of Birth (mm/dd/yyyy)	SSN/TIN (include dashes)	Percentage %
<input type="checkbox"/> P				
<input type="checkbox"/> IP				
<input type="checkbox"/> C	Address (number, street) (City) (State) (ZIP)	Relationship		
<input type="checkbox"/> IC				

## Name Change

Please attach supporting documentation, for example: copies of marriage license, driver's license, court document, etc.

**Change Name of:**  Owner  Joint Owner  Insured  Joint Insured  Beneficiary

**Change Due to:**  Marriage  Divorce  Other (if other, reason for change)

Print former name:  (First)  (Middle)  (Last)      Print new name:  (First)  (Middle)  (Last)

## Authorized Callers

If you want to authorize individuals other than your Producer/Representative to receive Policy information via telephone and/or in writing, please list each individual's information here:

Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	SSN (include dashes)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	SSN (include dashes)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

## Duplicate Policy/Certificate of Coverage

One duplicate Policy will be provided free of charge. Jackson National Life Insurance Company® (Jackson®) and Jackson National Life Insurance Company of NY® (Jackson of NY®) reserve the right to impose a \$25.00 fee for each subsequent duplicate Policy requested.

This Policy was:  **Lost**  **Never Delivered**  **Stolen**  **Destroyed.** The Policy is not assigned (not applicable to all Policies), pledged or subject to any lien in any way. If the original Policy is found, I will return the duplicate to the Company or its successors or assigns.



## Change Method of Premium Payment

**Change the mode of payment to:**     Annually     Semi-Annually     Quarterly     Monthly\*

**Note:** mode of payment will not be changed if it is not available or allowed by the Company. Except for Variable Life, Universal Life, and some Ultimate® 7 plans, Premiums paid other than annually will result in a higher total annual Premium.

\*A Pre-Authorized Charge/Electronic Funds Transfer (PAC/EFT) form X0297 must be submitted to initiate a Monthly mode of payment. This form is available at [www.jackson.com](http://www.jackson.com).

**Change the payor to:**

New Payor Name	Address (number, street)	(City)	(State)	(ZIP)

**Note:** New Payor will receive all billing notices and MUST sign below.

### Automatic Premium Loan (APL) Provision

I/We hereby request that the APL Provision be (select one):

Added    OR     Removed from this policy

**Note:** not available for Term or Jackson Assure Whole Life® products.

### Nonforfeiture Provision

I/We hereby request the discontinuation of Premium Payments and, as of Premium paid-to-date, request the Net Cash Value of the Policy be used (if available) to continue Benefits as follows (select one):

Extended Term Insurance (ETI) (not available for Jackson Assure Whole Life policies), or  
 Reduced Paid-Up Insurance (RPU) (if available).

## Electronic Delivery Authorization

I agree to receive documents electronically:

- |   |  |
|---|--|
| <input type="checkbox"/> ALL DOCUMENTS                                  |  |
| <input type="checkbox"/> Quarterly statements                           | <input type="checkbox"/> Prospectuses and prospectus supplements |
| <input type="checkbox"/> Periodic and immediate confirmation statements | <input type="checkbox"/> Proxy and other voting materials        |
| <input type="checkbox"/> Annual and Semi-Annual reports                 | <input type="checkbox"/> Other Policy-related correspondence     |

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by email or by notice to you of a document's availability on Jackson's website. Certain types of correspondence may continue to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website ([www.jackson.com](http://www.jackson.com)) is required for electronic delivery of Policy-related correspondence.

My email address is: . I (We) will notify the company of any new email address.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with Internet access, an active email account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from [www.adobe.com](http://www.adobe.com).

There is no charge for electronic delivery of electronic communications, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic communications from Jackson or Jackson of NY. Please make certain you have given the Service Center a current email address. Also let the Service Center know if that email address changes. We may need to notify you of a document's availability through email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the Service Center or go to [www.jackson.com](http://www.jackson.com) to update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.



**Signatures**

The Owner's signature is required for all changes on this form. On ownership changes, both the old and new Owners' signatures are required. Jackson and Jackson of NY may require a signature verification with supporting documentation to establish the signor's authority. A delay may occur if all applicable signature areas and requirements are not completed. See other signature requirements below. It is hereby agreed that the changes requested above shall not become effective unless and until this request is approved by the Company at its Service Center.

Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)	New Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)
Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)	New Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)
Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)	New Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)
Trustee's Signature and Title	Date (mm/dd/yyyy)	New Trustee's Signature and Title	Date (mm/dd/yyyy)
Irrevocable Beneficiary's Signature (and Title if applicable)	Date (mm/dd/yyyy)	Collateral Assignee's Signature and Title	Date (mm/dd/yyyy)
Irrevocable Beneficiary's Signature (and Title if applicable)	Date (mm/dd/yyyy)	New Payor's Signature	Date (mm/dd/yyyy)
Irrevocable Beneficiary's Signature (and Title if applicable)	Date (mm/dd/yyyy)	Recorded at Service Center	Date (mm/dd/yyyy)

Signature Guarantee or Notary (if applicable)

**SIGNATURE REQUIREMENTS**

**ALL APPLICABLE SIGNATURE AREAS MUST BE COMPLETED BEFORE RETURNING.**

**Joint and Multiple** - If additional space is needed for Multiple Owners, attach a separate piece of paper with signatures and dates.

**Guardian** - Must be signed by the Guardian. Provide a copy of guardianship papers.

**Trust** - All trustees/co-trustees, if required by the trust. Provide a copy of the signature and notary pages, and the page listing the names of the trustee(s) and successor trustee(s).

**Irrevocable Beneficiary** - Must include address and be signed by irrevocable beneficiary.

**Attorney-in-Fact** - May be signed by the attorney-in-fact. Provide a current power of attorney if not previously submitted. Notarized signature required, if not already on file.

**Collateral Assignee** - Must be signed by all current collateral assignees. Provide a copy of documentation.

**Partnerships** - Requests must be submitted in the name of the partnership and signed by all partners. Provide a copy of Partnership Agreement.

**Corporation** - One officer must sign with title unless the signing officer is also the Insured, in which case, an additional officer's signature and title are required. Provide a copy of Corporate Resolution.

**Pension Trust** - Must be signed by the trustee. Provide a copy of the trustee appointment.

**Other Signature Requirements** - For cases such as minor Owners, bankruptcies or cases with tax liens, contact the Service Center for appropriate signature requirements. Spouse's signature may be required in community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI. We recommend you discuss with your legal advisor.

**Jackson and Jackson of NY Service Center**

*Regular Mail:* P.O. Box 24068, Lansing, MI 48909-4068

*Overnight Mail:* 1 Corporate Way, Lansing, MI 48951

*Customer Care Non-Bank:* 800-644-4565, 8:00 a.m. to 8:00 p.m. ET (M-F)

*Bank or Financial Institution:* 800-777-7779, 8:00 a.m. to 8:00 p.m. ET (M-F)

*Fax:* 517-706-5552

*Email:* [contactus@jackson.com](mailto:contactus@jackson.com)

