Request for Change of Ownership

Pan-American Life Insurance Company

Policy Number(s)_____

☐ Individual ☐ Joint ☐ Trust ☐ Corporation ☐ Add contingent

PRESENT OWNER INFORMATION

Pan-American Life Insurance Company ("Company") is requested and directed to amend the the above policy number(s) to provide that _____ shall be called the Owner, and shall, while the Insured is living, be vested with all rights conferred in this policy, including the right to change any beneficiary, provided, however, that the exercise of those rights of ownership will require the consent of any living irrevocable beneficiary.

Rights of ownership held by more than one Owner at the same time may be exercised only by joint action of all Owners. Upon the death of an Owner, the rights of the deceased Owner shall pass to the surviving owners in equal shares; unless otherwise designated.

Ownership of this policy may be changed at any time while the Insured is living by written request satisfactory to the Company. No change of Owner will be effective until it has been recorded at the Home Office of the Company. When recorded, the change will take effect as of the date it was signed, subject to any action taken or payment made by the Company before recording.

The word "Insured" shall also mean "Annuitant", the singular shall include the plural, and the plural the singular, where the context so requires. If any trustee is designated Owner, the Company may act on the direction of the trustee without inquiring into the authority of the trustee.

This request does not constitute any change of beneficiary or mode of payment as a death benefit under the policy and is subject to any existing assignment of record with the Company. Any payments which become due under this policy while the Insured is living will be made to the Owner, except that any provision which now expressly provides for payment to the Insured as a life income or annuity shall not be available to the Owner if the Owner is other than the Insured. This request includes and is subject to the foregoing provisions and the provisions of the policy. This request must be signed by the person or persons who have the rights of ownership under the terms of the contract, by an assignee, or by any other party who may have an interest in the contract by legal proceeding or statutes.

Pan-American Life Insurance Company is requested to make the above provisions a part of the policy. I hereby indemnify Pan-American Life Insurance Company and hold it harmless from all claims, demands, and judgments arising out of this request.

RESIDENTS OF COMMUNITY PROPERTY STATES

If the policyowner is or was a resident of a community property state, the policyowner's spouse or former spouse may have an interest in this policy. It is the policyowner's responsibility to consult a legal advisor to determine if the policyowner needs a spouse or former spouse's consent to take the requested action on this policy, ensure that any required consent from a spouse or former spouse is secured, and ensure that the spouse or former spouse will be unable to make a claim against any policy values or proceeds. If the policyowner's spouse or former spouse has a community interest in this policy, the policyowner assumes the responsibility of having the spouse or former spouse, who retains such interest in the policy, sign his or her name on the "Other Required Signature" line below. The policyowner's failure to secure the signature of a spouse or former spouse will serve as a representation to Pan-American Life Insurance Company that the spouse or former spouse's consent and the signature is not legally required to make the requested action on this policy. Pan-American Life Insurance Company is accepting and processing this form in the reliance upon the representations made the the policyowner within this form. The policyowner agrees to indemnify and hold Pan-American Life Insurance Company harmless for processing this form as directed by the policyowner without requiring Pan-American Life Insurance Company to conduct further inquiry.

_____ _____

Signature of Present Owner | Date (MM/DD/YYYY)

_____ _____

Signature of Present Joint Owner/Assignee/Irrevocable Beneficiary/Power of Attorney (if applicable) | Date (MM/DD/YYYY)

_____ _____

Other Required Signature | Date (MM/DD/YYYY)

PO Box 9060, Oak Brook, Illinois 60522-9807
1(800)323-7320
Form 4174 (11/25)

Pan-American Life Insurance Company

NEW OWNER'S INFORMATION

New Owner's Tax Identification Number Certification

Tax Identification Number: _____ Date of Birth: _____

☐ Individual (SSN) ☐ Corporation ☐ Partnership ☐ Trust or Grantor

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Tax Identification number; and
2. I am not subject to backup withholding because; (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service 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.

_____ _____

Signature of New Owner Street Address

_____ _____

Signature of Joint Owner, if applicable City, State, Zip Code

Instructions For Completing Ownership Designation

1. Designate a successor Owner. As provided in the form, the rights of a deceased Owner (other than the Insured) will pass to his or her estate unless otherwise specified in the designation. The Insured should be named as the final Owner in any case where this effect is not desired.
2. Typical examples of the wording to be used in some of the more common designations are set out below. Where there is any doubt as to the proper wording, the Company will prepare the form on request.

Single Owner Other than Insured

"Martha Jones, Wife, while living; thereafter her estate" (or "thereafter the Insured")

Successive Owners

"Thomas Jones, Father, while living; thereafter Mary Jones, Mother, while living; thereafter the estate of the survivor of them" (or "thereafter the Insured")

Co-Owners

"Thomas Jones, Father, and Mary Jones, Mother, jointly or the survivor, while living; thereafter the estate of such survivor (or "thereafter the Insured")

"Peter Doe and Thomas Jones, Business Partners, jointly, or their respective estates" (or "business associates", etc., as the case may be)

Trust Tax Identification Number

"The John M Smith Family Trust dated January 1, 2012" John M. Smith, trustee and provide the Trust TIN

Grantor SSN

"John M. Smith, ttee of the John M Smith Family Trust dated January 1, 2012" (or "Mark Smith, ttee of the John M Smith Family Trust dated January 1, 2012" and provide Grantor social security number). If the trustee named is different from the Grantor, you must provide the Grantor or Trust Tax ID number.

Corporation Owner

"Beacon Oil Company, a Massachusetts corporation of Boston Massachusetts, Employer" or (or "business associate" or "creditor", etc., as the case may be)

Partnership Owner

"Paramount Products Company, a Partnership of Chicago, Illinois, Employer" (or "business associate" or "creditor", etc., as the case may be)

WHO MUST SIGN: 1) The Owner(s); 2) Any Assignee; 3) The Beneficiary, if name irrevocably; 4) Two officers, with the Corporate Seal affixed, if owned by a corporation.

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