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December 11, 2024

Submitted via Email

Dawn Parry
Indiana Department of Insurance
311 W Washington St
Suite 103
Indianapolis, IN 46204-2787

RE: Problem Report #: 111488
Complainant: [REDACTED]
Insured: [REDACTED]
Policy Number(s): 00044039765
Situs: Illinois
Company: The Western and Southern Life Insurance Company (the "Company")
NAIC Number: 70483

Dear Ms. Parry,

This letter is in response to a letter dated November 18, 2024, regarding the above-referenced matter.

Complaint

Complainant expresses concern with being named as the policy's insured.

Company Response

Policy 00044039765 is a 20-payment whole life policy issued on December 7, 1995, to [REDACTED] as insured and Richard Cook as owner. The policy became fully paid up on December 7, 2015.

[REDACTED] became the policy owner upon the policy anniversary of his [REDACTED] birthday.

A request was received in July 2016 for ownership forms which were emailed to [REDACTED] s email address upon request.

On July 26, 2016, an ownership change request form was received, requesting that [REDACTED] s father, Richard Cook, be named as policy owner. The ownership change request was signed by both Richard and [REDACTED].


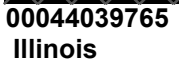
Richard Cook, [REDACTED] s father, is currently the policy owner and retains all rights to the policy.

Should you have any questions or require further assistance with this matter, please do not hesitate to contact me.

Sincerely,

Vanessa Hamilton

The Western and Southern Life Insurance Company
Western-Southern Life Assurance Company

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Compliance Specialist
Insurance Compliance

Enclosures

Application

**Application for Insurance
 to
 Western-Southern Life
 CINCINNATI, OHIO**



INSTRUCTIONS

Pages 1 and 3

Complete applicable and appropriate areas for all plans.

Page 2

Complete questions as listed for each plan:

Plan	Question(s)
ACC90	16-18
ACC100	16-22
GIGD/GIRP	17
T25, YRT65, VALUE, VALUE +	17-22
ECON, 20L UP TO \$14,999	17-22
ADLIFE, ULACAP, ULBCAP	17-26 ¹
ECON, 20L \$15,000 and above	17-26 ¹
ARCT, 20CT, 30DT	17-26
SPIQ, SPFQ, SPIA SPFA	17
UFXQ, UFXN, FLXQ, FLXN, SEP	17
20CT R, 30DT R	23-26 ¹

NOTE: If owner is not the insured / annuitant, provide owner's Date of Birth in item 13c.

[1] PD cases qualifying for simplified underwriting can omit 24-26.

Place Your Office
Label Here

1. A. Proposed Insured Male Female
 Address [REDACTED] City DEMOTTE State IN Zip 46310
 Date of birth Month [REDACTED] Day [REDACTED] Year [REDACTED] Age last birthday 0 Social Security No. [REDACTED] B. State of birth IN
 C. Occupation and Duties INFANT Employer _____
 D. Present Ht. & Wt. Ft. _____ In. 34 Lbs. 17.9 E. Any wt. change in past year? None Loss 13 Lbs. If age 0: (a) Was birth premature? Yes No (b) Wt. at birth 4 Lbs. 10 Oz.

2. Plan 20 PL Amount \$ 25,000. Selected Premium \$ _____ Maturity Age _____ Death Benefit Option A B
 3. Premium Payment Mode A. A S Q MO SP PAC PD MIL APD _____
 B. Home Service Premium Notice
 4. Dividend Option 1 - Payment of premiums 2 - Payment in cash 3 - Accumulate at interest 4 - Paid-up add'l insurance
 5. Amount Collected for: A. Insurance or Annuity \$ 30.00 B. Annuity Fund \$ _____ C. Add'l Initial Payment \$ _____

6. Supplementary Benefits/Riders
 Disability Double ADB Package Level Term \$ _____ GI Option \$ _____
 Single ADB Automatic Premium Loan Decreasing Term \$ _____
 7. Family Riders
 Spouse Benefit \$ _____ Child Benefit \$ _____ SADB on Covered Family Members

8. Complete ONLY if special premium or date desired
 A. Even Dollar Premium \$ _____
 B. Policy Date Mo. _____ Day _____ Yr. _____
 9. Special Request _____

10. ANNUITIES ONLY: ["Insured" and "insurance" also mean annuitant and annuity on this form.]
 A. Annuity Age _____ B. Modal Premium \$ _____ C. Single Premium _____ Yrs. Certain & Life Fixed Amount \$ _____ monthly
 _____ \$ _____ Immediate Options _____ Fixed Period _____ years
 D. Options Bailout E. Non-Tax Qualified F. Tax Qualified Premium applied to tax year 19 _____ \$ _____
 Monthly Payment of Interest 1035 Exchange Transfer 19 _____ \$ _____
 _____ Rollover

11. A. Class I Beneficiary EILEEN A. & RICHARD J. COOK JR Relationship to Proposed Insured PARENTS Age 28, 30
 B. Class II Beneficiary _____ Relationship to Proposed Insured _____ Age _____

12. Full Names of Persons Proposed for Family Insurance	Relationship to Proposed Insured	Age	Date of Birth			Present Ht. & Wt.			Any weight change on spouse in past year?	
			Mo.	Day	Yr.	Ft.	In.	Lbs.	Gain	Loss
	Spouse								<input type="checkbox"/> None	
									If Child Is Under 1 Yr. Old:	
									Birth Wt. Premature Birth	
									Lbs. Oz. Yes No	
									<input type="checkbox"/> <input type="checkbox"/>	

13. Owner of policy if other than Proposed Insured (Always required if Proposed Insured is under Age 15)
 A. Name RICHARD J. COOK JR Relationship FATHER Age [REDACTED]
 Address [REDACTED] City DEMOTTE State IN Zip 46310
 B. Social Security No./Tax ID [REDACTED]
 C. Complete the following on Owner if Proposed Insured is under Age 15 and Owner Waiver of Premium Benefit is desired.
 Date of birth: Month _____ Day _____ Year _____ Present Ht. & Wt. Ft. _____ In. _____ Lbs. _____
 Occupation and Duties _____ Employer _____

14. Successor Owner EILEEN COOK

15. List all Life Insurance on Proposed Insured (and Spouse if included in item 12.) If none, indicate "NONE."

Name	Company	Policy Number	Issue Yr.	Amount	ADB Amt.

- 16. (For Accident Plans only) In the past three years, has anyone proposed for this insurance had his/her driver's license revoked or suspended, or been convicted of driving under the influence of alcohol or drugs?
- 17. Has there been, or will there be, a lapse, surrender, loan, or other change to any existing insurance or annuity as a result of, or in anticipation of, this application?
- 18. Has anyone proposed for this insurance ever used marijuana, LSD, barbiturates, cocaine, heroin or other narcotic or other habit forming drug other than those properly prescribed by a physician; or been diagnosed, treated, or advised to be treated for alcoholism or drug abuse?
- 19. In the past five years, has anyone proposed for this insurance been treated or examined in a hospital or other health care facility or by a doctor or other licensed or certified health care worker; or been advised to have any surgical operation, x-ray, electrocardiogram, or other test(s)?
- 20. In the past ten years, has anyone proposed for this insurance had or been treated for any abnormality or disease of the heart, lungs, kidneys, or any other part of the body; or had or been treated for high blood pressure, diabetes, stroke, cancer or a mental or nervous condition?
- 21. Has anyone proposed for this insurance ever been diagnosed by a health care professional as having AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex); received treatment from a health care professional for AIDS or ARC; or tested positive for antibodies to the AIDS virus (Human Immunodeficiency Virus (HIV-1) or Human T-Cell Lymphotropic Virus, Type III (HTLV-III))?
- 22. Has anyone proposed for this insurance ever received disability benefits, been declined or postponed for insurance, or had a policy issued on his or her life other than as applied for?
- 23. A. Has the Proposed Insured used tobacco in the past year?
B. Has Spouse (if in question 12) used tobacco in the past year?
If YES, indicate in item 27 person, type of tobacco product used, how much is used, or date when usage ceased.
- 24. Is anyone proposed for this insurance a member of, or does he or she have any intention of becoming a member of, the Armed Forces, Reserves, or National Guard? If YES, complete Form O-116-B.
- 25. Does anyone proposed for this insurance intend to travel outside the U.S. or Canada?
- 26. In the past two years, did anyone proposed for this insurance fly as a pilot, crew member, or with any duties aboard an aircraft, engage in racing, parachuting, gliding (kite and other), or underwater swimming, or is there any intention of doing so? If YES, complete Form O-116-A or Form DO-1449 as appropriate.
- 27. Give details of all YES answers to the Questions above _____

I (we) agree that: A. These statements and answers and those in all supplements, amendments and medical examiners' reports will form the basis of any policy you issue. B. No one except your Chairman, President or Secretary has the power to make or modify any contract of insurance or bind you in any way. C. No statement made by me (us) or by your agent or anyone else will bind you unless stated in this application, nor will his or her knowledge or that of any other person bind you unless stated in this application. D. Except as provided in the receipt included with this application, no insurance will take effect: (1) before this application is approved; and (2) before a policy is delivered and the first premium (minimum premium for Flexible Premium Adjustable Life) paid while each person to be insured is alive and in good health. I (we) will accept your failure to approve the application within 60 days from its date as a rejection of it. I (we) will also recognize it as rejected if you approve a policy other than as applied for. E. To the extent it may be lawful, I (we) waive all laws prohibiting a physician or other person from disclosing information obtained in the examination or treatment of a person to be insured. I (we) acknowledge receipt of notice about investigative consumer report and the MIB, Inc. F. Under penalties of perjury, I (we) certify that the Social Security Number(s) listed on page 1 is/are correct.

I (WE) HAVE CAREFULLY REVIEWED EACH AND EVERY STATEMENT AND ANSWER ON PAGES 1 AND 2 OF THIS APPLICATION AND REPRESENT THAT THEY ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF.

Signed at HOMERWOOD, Ill

Signature of Proposed Insured if Age 15 or over
[Signature]
Signature of Owner if designated in Question 13 (If a corporation, insert full legal name of the corporation with signature and title of authorized officer.)

Signature of Spouse (if included in Question 12)

AGENT: Does the policy applied (forms required.) I heret [Redacted] existing life insurance or annuity? Yes No (If YES, complete any replacement e signature appears above signed this application in my presence.
 Yes No (If NO, please explain.)

Licensed Agent [Signature] Payroll # 49944 Date 11-16-95

PART A - Answer the following regarding Proposed Insured

1. Telephone number. Area Code ([REDACTED])
2. Is there any other application or negotiation for life insurance now pending or contemplated? YES NO (If YES, give co. name and particulars)
3. Is Proposed Insured a United States Citizen? YES NO

4. Family Record of Proposed Insured	If Living		If Dead		State of Health or Cause of Death
	No.	Ages	No.	Ages at Death	
Father		[REDACTED]			Cancer
Mother		[REDACTED]			U
Brother(s)					
Sister(s)					
Spouse					

5. A. Proposed Insured's physician, name and address
DR. H-S. PARIKH 521 E 86TH AVE SUITE 4
- B. Physician last consulted, name and address
MERRILL VIGEN 4641D
- C. Last visit Date 11-13-95
Reason: CHECKUP

6. Estimated annual income (Owner's if Proposed Insured is under Age 15)
\$ 24,000 Sources: EMPLOYED

7. With whom does Proposed Insured reside?
Name: RICHARD + EILEEN Relationship: PARENTS

8. Marital Status Never Married Married Widowed
 Separated Divorced

PART B - Answer the following only if Proposed Insured is married.

1. Spouse's name
2. Amount Spouse is insured in Proposed Insured's favor \$

PART C - Answer the following only if family coverage is requested.

1. Spouse's physician, name and address
2. Spouse's occupation
Employer:

3. Family Record of Spouse	If Living		If Dead		State of Health or Cause of Death
	No.	Ages	No.	Ages at Death	
Father					
Mother					
Brother(s)					
Sister(s)					

4. Are any children listed for family insurance not living with Proposed Insured? YES NO (If YES, give child's name, address, with whom he or she resides, and amount of support provided by Proposed Insured.)
5. Has any child in this family under Age 18 been omitted from Question 12 on Page 1 of this form? YES NO (If YES, explain)

PART D - Answer the following only if Proposed Insured is under Age 15. List names and life insurance record of ALL members of Proposed Insured's immediate family.

	NAME	AGE	*Amount in force including Insurance applied for
Father	RICHARD	[REDACTED]	50,000
Mother	EILEEN	[REDACTED]	75,000
Brother(s)			
Sister(s)			

*Explain if person chiefly responsible for Proposed Insured's support does not carry at least as much insurance as the amount applied for and in force on Proposed Insured, OR if any child named in this question is not insured.

PART E - Answer the following only for business insurance.

1. Purpose
 2. Does Proposed Insured have a financial interest in the business? YES NO (If YES, explain and state amount of interest)
 3. Total worth of the business \$
 4. Type of organization Sole Proprietorship Partnership Corporation Other - (Explain)
 5. If a partnership or close corporation, list the name and percent of interest of each partner or stockholder, including Proposed Insured.
- | NAME OF PARTNER OR STOCKHOLDER | % OF INTEREST |
|--------------------------------|---------------|
| | |
6. Total annual income from business received by Proposed Insured including salary, bonuses, profits, dividends, etc. \$
 7. Is Proposed Insured a key employee? YES NO (If YES, explain particular value to business.)
 8. Are other members of this business purchasing similar insurance at this time? YES NO (If YES, give details; if NO, explain why not)
- | NAME OF MEMBER | AMOUNT | COMPANY TO WHOM APPLYING |
|----------------|--------|--------------------------|
| | | |

PART F - Premium Information

1. Premium Payer Name RICHARD J. COOK JR.
Relationship: FATHER
2. Add to existing Client Account number

PART G - Compensation Information

1. New Life YES NO
2. Production Credit \$ 336.00

DISTRICT SALES MANAGER'S OR SALES MANAGER'S INSPECTION

The District Sales Manager or Sales Manager must make a personal inspection in the field before completing and signing the inspection if the Agent has less than 13 weeks service.

I have carefully reviewed the application for completion and accuracy.
 I have NOT made a field inspection.
 I have made a field inspection.

11-16-95 Date *[Signature]* District Sales Manager or Sales Manager

MARKETING INFORMATION

A. PRIMARY PURPOSE

1. Personal
 - Family Income
 - Last Expense
 - Education
 - Mortgage
 - Retirement
 - Programmed Need
2. Business

B. FAMILY DESCRIPTION

1. Insured's Spouse
 - Employed
 - Not Employed

2. Insured's Occupation

- Professional/Executive
- Technical/Administrative
- Sales/Service/Management
- Clerical/White Collar
- Craftsman/Blue Collar/Agricultural
- Student
- Homemaker
- Retired
- Other

3. Type of Household

- Married
- Married with Children
- Single
- Single with Children

4. Total Family Income

- Under \$10,000
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 and Over

C. PROFILE OF SALE

1. Sales Lead
 - Present Client
 - Referred Lead
 - Personal Observation
 - Cold Canvass
 - Direct Mail
 - Buyer Initiated Contact
 - Life Account
2. Sales Tool(s) Used
 - Home Office Ledger
 - P.C. Ledger
 - Prospectus - Manual
 - Notebook Illustration
 - Rate Manual
 - Other
3. Sales Made on Interview
 - One
 - Two
 - Three or More

ADDITIONAL REMARKS



Western & Southern Life

A member of Western & Southern Financial Group

Absolute Assignment

1600

[] The Western and Southern Life Insurance Company [] Western-Southern Life Assurance Company

CINCINNATI, OHIO 45202 (800) 926-1993

DISTRICT: ACCOUNT NO: [] WP [] ORD
CO. CODE 0 CONTRACT NUMBER 0044039765 SEC COX INSURED/ANNUITANT [REDACTED] (LAST) INSURED DATE OF BIRTH [REDACTED]

Assignor(s) (Current Owner(s)) Information
ASSIGNOR'S NAME [REDACTED] ASSIGNEE'S S.S. NO. OR TAX I.D. (REQUIRED FOR TAXABLE DISTRIBUTION) [REDACTED]
DATE OF BIRTH OF ASSIGNOR(S) [REDACTED]

Assignee(s) (New Owner(s)) Information
ASSIGNEE(S) UNDER THIS AGREEMENT RICHARD J COOK JR
ASSIGNEE'S S.S. NO. OR TAX I.D. [REDACTED] ASSIGNEE'S RELATIONSHIP TO INSURED/ANNUITANT FATHER
DATE OF BIRTH OF ASSIGNEE(S) [REDACTED]
ADDRESS OF ASSIGNEE(S) [REDACTED]
TELEPHONE NO. [REDACTED]
49309605

FOR VALUE RECEIVED, the Assignor(s) hereby sells, assigns, transfers and sets over absolutely unto the Assignee(s), his/her/its executors, administrators, successors or assigns, the above numbered contract and all rights, title and interest therein, together with all sums of money which may be now due or hereafter payable thereunder, and all rights, privileges, powers, benefits, options and advantages connected therewith or to be derived therefrom. This assignment is made subject to all the terms and conditions of the contract and to all superior liens, if any, which The Western and Southern Life Insurance Company or Western-Southern Life Assurance Company may have or acquire against the contract.

ALL PREVIOUS DESIGNATIONS OF BENEFICIARIES ARE HEREBY REVOKED AND THE BENEFICIARY IS HEREBY CHANGED TO THE ASSIGNEE(S), HIS/HER/ITS EXECUTORS, ADMINISTRATORS, SUCCESSORS OR ASSIGNS.

IMPORTANT TAX INFORMATION
If this is an Annuity or involves a Side Fund Annuity, this transfer of ownership may result in a net gain. If a net gain is realized, it may be subject to Federal, state and local income tax. The Assignor(s) may also be subject to tax penalties under the estimated tax rules if the Assignor's payments of estimated tax and other withholding, if any, are not adequate.
Certification - Under penalties of perjury, the undersigned certify that the Social Security Number(s) or Taxpayer ID Number(s) listed above is/are correct. Additionally, if the Assignee(s) (new owner(s)) is a Trust, the trustee certifies that such Trust is a [] Grantor [] Non-Grantor Trust

SIGNATURE OF ASSIGNOR(S) (CURRENT OWNER(S)) [REDACTED] REQUIRED SIGNATURE OF DISINTERESTED PARTY [REDACTED] DATE 7-25-16 SIGNED AT (CITY & STATE) Wheeling TN
SIGNATURE OF ASSIGNEE(S) (NEW OWNER(S)) [REDACTED]

NOTE: If executed by a corporation, the CORPORATE SEAL SHOULD BE AFFIXED HERE and there should be attached to the assignment a certified copy of a resolution of the Board of Directors authorizing the signing officer(s) to execute and deliver the assignment in the name and on behalf of the corporation.

The assignment of this contract is not effective unless recorded by the Company at its Home Office. A confirmation will be provided for the contract owner's records. A signature on this form transmitted by facsimile or electronically shall have the same force and effect as an original signature, once received the faxed document is the controlling document.

NOTICE

This assignment form is furnished solely as an accommodation. The Western and Southern Life Insurance Company or Western-Southern Life Assurance Company is not a party to this assignment and does not assume any responsibility as to its validity or sufficiency. It is the responsibility of the parties to this assignment to see that all persons whose interests are intended to be affected are joined in the execution, and all fees in connection therewith must be paid by the interested parties.

The assignment should be executed as indicated. After completion, return the form to the COMPANY for recording. The original will be retained by the Company and a confirmation returned for the assignee's records.

To be used on insurance contracts when Insured is age 21 or over, was age 15 or over at policy issue, is the current policy owner or is being made the new owner/assignee and is at least age 15. Use on all annuity contracts.

INSTRUCTIONS AND RESTRICTIONS

By completing this form, you can change ownership to another person, change ownership to the insured, change ownership to a corporation or make a Trust the owner. (If a Trust is to be named as owner, list the full name of the Trust, name of the Trustee and the date of the Trust. Also, the Trustee must complete the Certification area as to whether the Trust is a "Grantor" or "Non-Grantor" Trust.)

NOTE: This change in ownership/assignment automatically makes the new owner the Class I beneficiary and revokes all other Classes. If the new owner is the insured/annuitant, his/her Estate is automatically the new beneficiary. This fact should be pointed out to the new owner and a DO-43 completed if a beneficiary designation other than this is desired. The DO-43 should be signed and dated by the new owner one day after this change in ownership.

Always check SPIRIT to verify the name of the current owner who must sign this assignment form. If you are unable to determine who should sign this request, contact Annuity Operations (5100) or the Policy Service Department (0600) via Electronic Mail for assistance. Witness signature is required.

If the new ownership involves more than one individual, list every individual in the appropriate Assignor/Assignee space and provide the requested information for every individual. Every individual should sign the form, as appropriate. When more than one assignee is named, the new ownership shall be considered to be joint ownership with right of survivorship unless otherwise indicated.

Ownership cannot be changed on a Cancer policy.

Ownership of a Qualified annuity contract cannot be changed without jeopardizing the tax status of the contract. Such a change should be discouraged.

If the policy has family coverage and was issued by The Western and Southern Life Insurance Company, the ownership cannot be changed if the family coverage rider was issued prior to 1989.

This form is not to be used for a Collateral Assignment. Use Form DO-599.

If the current owner is deceased, write to Annuity Operations (5100) or the Policy Service Department (0600) giving the full name and relationship of the person who wants to succeed to ownership and provide proof of death of the owner. If additional information is needed, you will be notified. Do not submit this form in such situations.

If the owner on a juvenile policy wants to continue ownership beyond the insured's age indicated in the contract, request the proper form from Annuity Operations (5100) or the Policy Service Department (0600) prior to the insured attaining the age indicated in the contract.

If this ownership change request is going to be signed by a Power of Attorney or Guardian, attach a copy of the P.O.A. or court appointment document together with a letter outlining the reason the change is being requested and send to Annuity Operations (5100) or the Policy Service Department (0600). If anything additional is needed, you will be notified.

If the contract is collaterally assigned, the signature of an authorized officer of the bank is required in addition to the contract owner.

If this contract is owned by a Corporation, we will require a Corporate Resolution authorizing this change in ownership. Contact Annuity Operations (5100) or the Policy Service Department (0600) if assistance is needed in regard to the Resolution.



Duplicate Contract



Western-Southern Life

Insured	Age
Policy Number	Policy Date
Face Amount	District

The Western and Southern Life Insurance Company

Will Pay

The death benefit to the beneficiary when we receive proof of the Insured's death at our Home Office.

The benefits, rights and terms of the policy appear on this and the following pages. They are provided in exchange for the application and payment of premiums.

Right To Return Policy Please read the policy. If you are not satisfied, return it to us or to one of our agents within 10 days after you receive it. If you do, all insurance will be cancelled as of the date of the application. We will refund any premium paid.


Secretary


Chairman of the Board and
Chief Executive Officer

LIMITED PAYMENT LIFE POLICY

Premiums Payable for a Stated Number of Years or until Prior Death

Insurance Payable at Death Annual Dividends

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Dividends	5	Other Policy Provisions	10

The application for the policy and any attached riders follow page 3.

DEFINITIONS

Some of the words and phrases we use may not be familiar to you. Some are defined here. Others are defined throughout the policy. Learning their meaning will help you better understand the policy and its benefits. Remember as you read through the policy that "we," "our" and "us" refer to The Western and Southern Life Insurance Company. "You" and "your" refer to the Owner of the policy.

The "Data Page" contains information on premiums, policy values and other facts.

The policy is "in full force" as long as each premium is paid when due or within 31 days after its due date.

A policy "lapses" when a premium is not paid within 31 days after its due date.

A lapsed policy will not terminate if it has value. It may continue "in force" as "extended insurance" or as "paid-up insurance." Extended insurance and paid-up insurance are explained on page 6.

Premium due dates and months, years and anniversaries are measured from the policy date.

"Home Office" is our main office in Cincinnati, Ohio. Our address is 400 Broadway, Cincinnati, Ohio 45202.

PREMIUM PAYMENTS

- When Due** Premiums are payable in advance during the Insured's lifetime for the number of years shown on the Data Page. The first premium is due on the policy date. Each premium after the first is due on the day after the end of the last period for which a premium has been paid. Unless the right is restricted on the Data Page, you may select any payment period for which a premium is shown.
- Where Payable** Premiums are payable at our Home Office or to one of our agents. If you ask, we will give you a receipt signed by our President or Treasurer for any premium payment.
- Grace Period** Each premium after the first may be paid within 31 days after its due date. The policy will continue in full force during this grace period.

OWNERSHIP

Policy Owner

The Owner is named on the Data Page. As Owner, you have control of the policy while the Insured is living. You may change ownership, change beneficiaries, assign the policy, enjoy all policy benefits and exercise all other policy rights and options. Ownership may change if the Insured is under 15 years of age on the policy date. See the next paragraph.

Insured Under 15 On Policy Date

If the Insured is under 15 years of age on the policy date and is not the Owner, the Insured will become the Owner on his or her 21st birthday. Your rights and the rights of any Successor Owner will terminate at that time.

There is a chance that the Owner may die, disappear or become incompetent before the Insured's 21st birthday. If this happens and there is no Successor Owner, we may name someone whom we believe will act in the Insured's best interest as Successor Owner.

Successor Owner

If you are not the Insured, you may name a Successor Owner. The Successor Owner will become the Owner if you die before the Insured. If there is no Successor Owner, your estate will become the Owner.

Change Of Ownership

Your request to change the Owner or name a Successor Owner must be in writing. The request will not take effect until we approve it at our Home Office. We may require you to send the policy to us so we can put the name of the new Owner or Successor Owner on it.

Assignment

You may also assign the policy as collateral for a loan. We are not bound by an assignment until our Home Office records show that we have received a copy. Your rights and those of any beneficiary and any Successor Owner will be subject to the assignment. We are not responsible for the validity of the assignment.

Notice Of Annual Meeting

The annual policyholders meeting to elect directors and transact any business that may come before the meeting is held at the Home Office on the second Tuesday in March of each year at 10 A.M.

You may vote in person or by proxy if you have at least \$1,000 of insurance in force at that time and for at least a year before the meeting. You have only one vote for all policies and contracts you have with us.

BENEFICIARY

Naming And Changing Beneficiaries

You may name a beneficiary and change any named beneficiary while the Insured is living. You do this by written request satisfactory to us. When the request is received and approved by us at our Home Office, it will take effect as of the date you signed it. It will not apply to any payment we make or other action we take before the request is approved.

Priority Of Beneficiaries

Beneficiaries will share equally unless you tell us how they are to share. They may be numbered by class, as Class I and Class II, to show the order in which they take. Members of the same class will share equally if you do not tell us how they are to share.

Any amount payable after the Insured's death will be paid to the Class I beneficiaries who are living when payment is due. If no Class I beneficiary is living, payment will be made to those in Class II who are living when payment is due, and so on. Any amount remaining unpaid when the last beneficiary dies will be paid to that person's estate.

Death Of Beneficiary

If no beneficiary is living at the Insured's death, we will pay the death benefit to you or your estate. Any beneficiary who dies before we receive proof at our Home Office of the Insured's death and within 10 days after the Insured dies will be considered as having died before the Insured.

DIVIDENDS

Annual Dividend

We determine annually how much we can pay as dividends. This is the divisible surplus. Your policy may share in this surplus unless it is in force as extended insurance. Its share, if any, will be payable as a dividend on each anniversary. There will be no dividend before the second anniversary.

Dividends may be used in one of several ways. We call them dividend options. You may elect or change an option for future dividends at any time.

Dividend Options

There are four dividend options:

Option 1. Premium Payments - Used to reduce premiums. If you are paying premiums monthly, dividends will be paid in cash.

Option 2. Cash - Paid in cash.

Option 3. Dividend Accumulations - Left on deposit with us to earn interest at not less than $2\frac{1}{2}\%$ a year. We will credit it at the end of each year.

Option 4. Paid-up Additions - Used to buy level paid-up insurance on the Insured's life. These paid-up additions have cash value. See Basis of Values, page 10.

Automatic Option

If you do not choose an option, dividends will be used to buy paid-up additions, Option 4.

Dividend Values

"Dividend values" refer to both dividend accumulations and the cash value of paid-up additions.

Withdrawal Of Dividends

Dividend values may be withdrawn as long as they are not being used to secure a policy loan.

Paid-up By Dividends

You may use dividend values to pay up the policy. You may do this when the sum of the cash value and dividend values equals the single premium for the policy and any riders at the Insured's age at that time. The policy will be paid up on your written request. No more premiums need be paid. We may ask you to send the policy to us so we can note on it that it is paid up. Any policy loan will continue to be secured by the paid-up policy.

Matured By Dividends

You may also use dividend values and request payment in writing before the death of the Insured. This may be done when the sum of the cash value and dividend values equals the face amount shown on the Data Page. We will pay you the face amount less any policy loan.

GUARANTEED POLICY VALUES AND OPTIONS

Cash Value

The Table of Values on the Data Page shows the cash value on certain anniversaries. It assumes that all premiums have been paid and that there are no dividend values or policy loan. The cash value on any anniversary not shown is equal to the policy reserve. There is no cash value before the first anniversary for which a cash value is shown.

Between anniversaries, allowance will be made for the period of time since the last anniversary and the premiums paid. We will tell you what the cash value is any time you ask us. For Basis of Values, see page 10.

Net Cash Value

"Net cash value" is the sum of the cash value and any dividend values less any policy loan. Cash values and dividend values within 60 days after the due date of an unpaid premium will not be less than they were on that date. If the policy is in force as extended or paid-up insurance, cash values and any dividend values within 31 days after an anniversary will not be less than they were on that date.

What Happens If Premiums Are Not Paid

If a premium is not paid by the end of its grace period, the policy will lapse as of the premium due date. We call this date the "date of lapse." If there is no net cash value, the policy will terminate. However, the policy may continue as extended insurance before it has cash value. There will not be any extended insurance if the date of lapse occurs before the first anniversary.

If the policy has a net cash value when it lapses, you may surrender it for cash or you may continue it as extended or paid-up insurance. If you do not surrender it, the net cash value will be used as a net single premium to buy extended insurance or, if you request it, paid-up insurance. This premium will be for the Insured's age on the date of lapse. An explanation of these choices follows:

Option 1. Extended Insurance - Extended insurance is a level amount of term life insurance that begins on the date of lapse. It continues in force for a limited time. It is payable if the Insured dies before the time runs out. The amount of insurance is the face amount shown on the Data Page plus any dividend accumulations and paid-up additions, less any policy loan. The net cash value determines the length of time that extended insurance will be in force. The insurance stops when the time runs out. The length of time extended insurance will be in force is shown in the Table of Values. The time is based on the cash values shown for the anniversaries listed in the Table. Dividend values will increase the time. A policy loan will decrease it.

Extended insurance may be surrendered at any time for its net cash value. If the policy is in force as extended insurance, you cannot borrow on it. There will be no dividends.

Option 2. Paid-up Insurance - Paid-up insurance is a level amount of life insurance that begins on the date of lapse. It continues in force for the Insured's lifetime. The net cash value determines the amount of paid-up insurance. The Table of Values shows the amount of paid-up insurance for each of the cash values shown in the Table. Dividend values will increase the amount that can be bought. A policy loan will decrease the amount that can be bought.

Paid-up insurance may be surrendered at any time for its net cash value. It is eligible for a policy loan. There may be dividends. If there are, they will be applied under Option 4, Paid-up Additions.

Choosing We automatically provide extended insurance. If you want paid-up insurance, Option 1. you must give us written notice that you do within 60 days after the date of lapse.

Or There are two situations where we will provide paid-up insurance instead of Option 2. extended insurance. They are:

- (1) When the amount of paid-up insurance equals or exceeds the amount of extended insurance; or
- (2) When the Table of Values states that extended insurance is not available.

Option 3. Surrender for Cash - You may surrender the policy for its net cash value after the date of lapse. You may also do this when it is in force as extended or paid-up insurance. See page 5 for net cash value and page 9, Other Rules for Payment.

Reinstating The Policy

After the policy has lapsed, you may reinstate it - that is, put it back in full force - within five years after the date of lapse. You cannot reinstate the policy if it has been surrendered for cash. To reinstate the policy you must:

- (1) Furnish evidence of insurability satisfactory to us;
- (2) Pay all past due premiums with interest at an annual rate of 6%, compounded annually, from their due dates to the date of reinstatement; and

- (3) Repay or reinstate any policy loan with interest at an annual rate of 6%, compounded annually. Interest at this rate will be due from the date of lapse to the date of reinstatement of the policy.

POLICY LOANS

Right To Borrow Maximum Loan

You may borrow on the policy unless it is in force as extended insurance. The policy will be the security for the loan. For extended insurance, see page 6.

The amount of the loan cannot be more than the cash value on the next premium due date or the next anniversary, plus any dividend values. Any existing loan and interest in advance to the next anniversary will be included in the new loan. We will also add any due and unpaid premium. See Other Rules for Payment, page 9.

Interest

We charge interest in advance at the rate shown on the Data Page. Interest is due on each anniversary. Any interest not paid when due will be added to the loan. We charge interest on it at the same rate. If the loan is paid back between anniversaries, we will credit the loan with the unearned interest.

Repayment

You may repay \$10 or more at any time while the Insured is alive and before the end of the grace period of an unpaid premium.

Policy Termination

The policy will terminate when the loan exceeds the cash value plus any dividend values. We will mail a notice 31 days before it terminates to your last known address and that of any assignee of record. You may pay the excess within this 31-day period.

DEATH BENEFIT

Death Benefit While Policy Is In Full Force

While the policy is in full force (see Definitions on page 2), the death benefit is the face amount shown on the Data Page:

- Plus (1) Any dividend accumulations,
(2) Any paid-up additions, and
(3) The part of any premium paid beyond the month in which the Insured dies.

- Less (1) One month's premium, if the Insured dies in the grace period, and
(2) Any policy loan.

Death Benefit After Lapse

If the policy is in force as extended insurance, the death benefit will be the amount of that insurance.

If the policy is in force as paid-up insurance, the death benefit will be the amount of that insurance plus any paid-up additions, less any policy loan. For extended and paid-up insurance, see page 6.

Suicide Exclusion

We will not pay any benefits if the Insured dies by suicide, while sane or insane, within two years from the policy date. If the policy is in force at that time, we will return the premiums you paid less any policy loan.

PAYMENT PLANS

Available Plans

All or part of the death benefit or the amount payable on surrender of the policy for cash may be put into a payment plan. You may choose one of the described plans. You may, if we agree, choose another plan. You may request quarterly, semi-annual or annual payments in place of monthly payments. A plan may not be made payable to an association, corporation, partnership or fiduciary without our approval.

Plan 1. Installment Income

A. Fixed Period - Paid in equal monthly payments for the number of years you select up to 30 years. The payments for each \$1,000 will not be less than those shown in the Table for Plan 1A.

B. Fixed Amount - Paid in equal monthly payments in an amount you select. The amount may not be less than \$5 for each \$1,000. Payments continue until the full amount, with interest at an annual rate of not less than 3% compounded annually, is used up.

Years	Monthly Payment	Years	Monthly Payment	Years	Monthly Payment
1	\$84.47	11	\$8.86	21	\$5.32
2	42.86	12	8.24	22	5.15
3	28.99	13	7.71	23	4.99
4	22.06	14	7.26	24	4.84
5	17.91	15	6.87	25	4.71
6	15.14	16	6.53	26	4.59
7	13.16	17	6.23	27	4.47
8	11.68	18	5.96	28	4.37
9	10.53	19	5.73	29	4.27
10	9.61	20	5.51	30	4.18

Age Last Birthday	Guaranteed for 10 Years		Guaranteed for 20 Years	
	MALE	FEMALE	MALE	FEMALE
60	\$5.46	\$4.95	\$4.87	\$4.64
61	5.59	5.07	4.93	4.71
62	5.72	5.19	4.99	4.78
63	5.86	5.32	5.04	4.85
64	6.01	5.46	5.10	4.92
65	6.16	5.60	5.15	4.99
66	6.32	5.76	5.20	5.06
67	6.48	5.92	5.25	5.12
68	6.65	6.09	5.29	5.18
69	6.82	6.27	5.33	5.23
70	7.00	6.46	5.37	5.28
71	7.18	6.66	5.40	5.33
72	7.36	6.86	5.43	5.36
73	7.55	7.07	5.45	5.39
74	7.73	7.28	5.46	5.42
75	7.92	7.49	5.48	5.44
76	8.10	7.70	5.49	5.46
77	8.28	7.91	5.50	5.47
78	8.45	8.11	5.50	5.48
79	8.61	8.30	5.51	5.49
80	8.77	8.48	5.51	5.50
81	8.91	8.65	5.51	5.50
82	9.04	8.79	5.51	5.50
83	9.16	8.93	5.51	5.51
84	9.26	9.04	5.51	5.51
85 & over	9.35	9.14	5.51	5.51

Male Age Last Birthday	Female Age Last Birthday				
	60	65	70	75	80
60	\$4.47	\$4.76	\$5.02	\$5.23	\$5.36
65	4.64	5.03	5.42	5.75	5.98
70	4.77	5.26	5.80	6.30	6.68
75	4.86	5.43	6.11	6.81	7.38
80	4.92	5.53	6.32	7.19	7.97

*Values are based on interest at an annual rate of 3%, compounded annually. Plan 2A and Plan 2B values are also based on the 1971 Individual Annuity Mortality Table, adjusted for age last birthday. Payments for ages and combinations not shown will be furnished on request.

† Multiply monthly payments by these factors for	Table 1A	Table 2A	Table 2B
Quarterly payments	2.99	2.98	2.99
Semi-annual payments	5.96	5.93	5.94
Annual payments	11.84	11.68	11.69

Plan 2. Life Income

A. One Life - Paid in equal monthly payments to a named person for life. Payments are based on that person's age and sex. We will guarantee payments for either 10 or 20 years and for as long as he or she lives. Monthly payments for each \$1,000 will not be less than those shown in the Table for Plan 2A.

B. Joint and Survivor - Paid in equal monthly payments to two named persons jointly. These payments will continue as long as either of them is living. The monthly payment is based on their ages and sex. We guarantee payments for 10 years even if both of them should die. If either one dies before the due date of the first payment, we will pay the survivor under Life Income Plan 2A with payments guaranteed for 10 years.

Plan 3. Interest Income

Left on deposit at interest at an annual rate of not less than 2½%, compounded annually. Interest will be accumulated and will be paid as agreed. All or part of the fund, in amounts of \$250 or more, may be withdrawn at any time. When the fund is less than \$1,000, the balance will be paid in one sum.

Choosing A Payment Plan

You may choose or change a payment plan while the Insured is alive. After the Insured dies, anyone who will receive the death benefit in one sum may choose a payment plan. If a beneficiary chooses a payment plan, the rights of all other beneficiaries end. Any amount remaining unpaid when that beneficiary dies will be paid to his or her estate unless another has been named to receive payment.

How To Choose A Payment Plan

The choice or change of a payment plan must be by written request, satisfactory to us. If the request is made after the Insured dies, it must be received at our Home Office within 60 days after payment is due. See Other Rules for Payment on this page.

Minimum Amounts

The smallest amount which may be applied under a payment plan is \$1,000. Each payment must be at least \$20. We may make less frequent payments if payments would be less than \$20 each.

Termination Of Plan

A payment plan will terminate whenever an annual payment would be less than \$20. A payment plan will also terminate if a beneficiary in other than Class I or Class II or an estate becomes entitled to payment. A Life Income plan, Plan 2A or 2B, will terminate when you change your Class I beneficiary. Beneficiaries are discussed on page 4.

Effect Of Termination

If a payment plan terminates, any amount payable will be paid in one sum. After the due date of the first payment, the amount payable under an Installment Income or Life Income plan will be the present value of the unpaid guaranteed payments. The present value is the sum of those payments less the interest in each payment from the date of termination to its due date. The interest rate is the same as the rate we were using when the first payment was due. The amount payable under Plan 3, Interest Income, will be the amount held by us.

Additional Interest

We may increase the interest rate above the guaranteed annual rate of 3% under all Installment Income and Life Income plans. Payments under those plans will be based on the interest rate we are using on the due date of the first payment. We may increase the interest rate above the guaranteed annual rate of 2½% under Plan 3, Interest Income, from time to time.

Income Protection

No payment and no amount held under an Installment Income or Life Income plan may be transferred or withdrawn before its due date. However, the right to transfer or withdraw may be made a part of any plan, if we agree.

OTHER RULES FOR PAYMENT

Policy Payment Due Dates

Death Benefit - If the death benefit is payable in one sum, payment will be due on the date the Insured dies. If a payment plan is in effect when the Insured dies, the first payment will be due on the date of death except under Plan 3, Interest Income. If a plan is chosen after the Insured dies, the first payment will be due when the request is made except under Plan 3. The first payment under Plan 3 will be due on the agreed-to date.

Cash Surrender - Payment on surrender of the policy for cash will be effective on the date we receive your written request at our Home Office. Payment in one sum or the first payment under an Installment Income or Life Income plan will be due on that date. The first payment under Plan 3, Interest Income, will be due on the agreed-to date.

Protection From Creditors

All payments under the policy are exempt from legal process and the claims of creditors to the extent permitted by law.

Proof Of Facts

We may ask anyone claiming ownership, beneficiary or other rights in the policy for proof satisfactory to us of that person's age, sex or identity. Any payment we make relying on that proof discharges us from any obligation to make that payment to another person.

Loan Or Cash Surrender Deferment

We may defer the surrender of the policy for cash or the making of a policy loan for not more than 6 months after we receive your request. We will not defer a loan that is made to pay a premium to us. If we defer surrender more than 30 days, we will pay interest at an annual rate of 2½% on the amount payable.

Submission Of Policy

We may ask you to send us the policy for surrender or to note payment or a policy loan on it. Our failure to have you send it to us for surrender or to note payment or the loan on it does not indicate that the payment or loan has not been made.

OTHER POLICY PROVISIONS

The Contract

The policy, the application and any attached riders are the entire contract. A copy of the application is attached. The policy will not take effect until you receive it and pay the first premium while the Insured is alive and in good health.

Change Of Contract

Any change in the policy or waiver of its requirements must be in writing signed by our President or Secretary. No other person can change the policy or waive any of its terms.

Statements In Application

All statements made in the application are representations and not warranties. We can contest the validity of the policy if there is a material misstatement in the application. No statement will be used in defense of a claim unless it is in the application.

Incontestability

We will not contest the validity of the policy after it has been in force during the Insured's lifetime for two years from the policy date except for failure to pay premiums. We reserve the right to contest the validity of any rider providing waiver of premium, accidental death or loss of sight or limbs benefits.

Incorrect Age Or Sex

The age and sex of the Insured shown on the Data Page should be correct. If the age or sex shown is not correct, we will adjust the amount payable. It will be what the premiums paid would have bought at the correct age and sex.

Basis Of Values

We use mortality rates from the Commissioners 1958 Standard Ordinary Mortality Table to compute cash values shown in the Table of Values, present values, reserves and net single premiums. The same rates are used to compute the amount and cash value of any paid-up insurance benefits. Mortality rates from the Commissioners 1958 Extended Term Insurance Table are used for extended insurance. All rates are adjusted for age last birthday. Compound interest at an annual rate of 3½% and continuous functions are used.

The cash value of extended and paid-up insurance will at all times be equal to the reserve for the insurance. The cash value of paid-up additions will not be less than the dividends used to buy them.

We have filed a detailed statement of the method we use to determine values with the state where the policy was delivered. All values are equal to or more than those required by the laws of that state.

Premiums Payable for a Stated Number of Years or until Prior Death
Insurance Payable at Death Annual Dividends

LIMITED PAYMENT LIFE POLICY

The Western and Southern Life Insurance Company
400 Broadway
Cincinnati, Ohio 45202

Correspondence

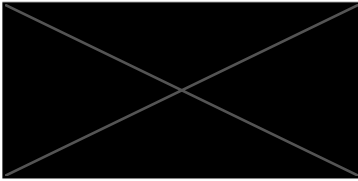


Western & Southern Life


A member of Western & Southern Financial Group

400 Broadway
Cincinnati, OH 45202-3341
513.629.1800
WSLife.com

July 22, 2016



Subject: A policy of The Western and Southern Life Insurance Company

0 0044039765 – 

Dear 

Thank you for recently contacting us concerning the above referenced policy. We value your business and appreciate the opportunity to assist you.

As requested, enclosed is the ownership change form. You and the new owner must sign the form and have your signatures witnessed by someone not related to you or the new owner(s).

When an ownership change is approved, the new owner is automatically listed as the Class I beneficiary, and all prior beneficiaries of all classes are automatically revoked. If a different beneficiary is desired, please have the new owner complete the enclosed beneficiary form. **This form must be signed by the new owner.** Please include the Social Security Number for the new owner and each beneficiary listed, as well as the date of birth for each beneficiary. **The beneficiary form must be signed and dated at least one day after the ownership application was signed.** As indicated, once recorded, this change will revoke all prior designations.

If the new owner wishes to name a trust as beneficiary, please list the name and date of the trust, the type of trust, and the trustee. It is not required to include a copy of the trust.

Additionally, enclosed is a form that will allow the owner to name a Successor Owner, or *change a currently designated Successor Owner* on the policy. In naming a Successor Owner, the owner designates another person to succeed to all rights, privileges, powers and options upon his or her death (or in the case of juvenile contracts, his or her death, disappearance or incompetency). In order for us to process this request, **the form must be signed by the new policy owner.**

Please return the form(s) to Western & Southern Life, Mail Station 19, PO Box 1119, Cincinnati, Ohio 45201-1119. A confirmation letter will be mailed to the new owner(s) for their records upon completion of the request(s).

It is our pleasure to serve you. We are dedicated to providing an array of product solutions and services to fit your specific needs. Please contact your agent or contact the Client Relationship Center at 1-800-926-1993 to discuss how we can make securing your financial future simple. Our business hours are Monday through Thursday 8:00 a.m. – 10:00 p.m., Friday 8:00 a.m. – 6:00 p.m. and Saturday 9:00 a.m. – 1:00 p.m. Eastern Time.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Lynch', written in a cursive style.

J. Lynch, *Vice President*
Client Relationship Center



Western & Southern Life

A member of Western & Southern Financial Group

xPression Transmittal Form

Transaction:

Transaction Date: 7/22/2016

Transaction Time: 2:38:23 PM

Transaction ID: 448452

Type of Contact: N/A

CSA Name: TRE PICKEL

Distribution Method: Email

Account ID Entered: GMV8957-A

Customer Information:

Inquirer: Owner

Recipient Name: Owner

Recipient Address:



Phone Number:



E-mail Address:

Policy:

0 0044039765

Subject In Letter:

Ownership/Bene Change - Form DO-598

Acct No:

GMV8957-A

Owner:



CSA Notations:

Per owner's request on a recorded line.

Ownership Change Forms



Western & Southern Life

A member of Western & Southern Financial Group

Absolute Assignment

1600

[X] The Western and Southern Life Insurance Company [] Western-Southern Life Assurance Company

CINCINNATI, OHIO 45202

(800) 926-1993

DISTRICT: ACCOUNT NO: [] WP [] ORD
CO. CODE 0 CONTRACT NUMBER 0044039765 SEC COX INSURED/ANNUITANT INIT. (LAST) INSURED DATE OF BIRTH

Assignor(s) (Current Owner(s)) Information
ASSIGNOR'S NAME DATE OF BIRTH OF ASSIGNOR(S) ASSIGNOR'S S.S. NO. OR TAX I.D. (REQUIRED FOR TAXABLE DISTRIBUTION)

Assignee(s) (New Owner(s)) Information
ASSIGNEE(S) UNDER THIS AGREEMENT RICHARD J COOK JR
ASSIGNEE'S S.S. NO. OR TAX I.D. DATE OF BIRTH OF ASSIGNEE(S)
ASSIGNEE'S RELATIONSHIP TO INSURED/ANNUITANT FATHER
ASSIGNEE(S) MUST SIGN SS/TAX ID CERTIFICATION BELOW
448452
49309605

FOR VALUE RECEIVED, the Assignor(s) hereby sells, assigns, transfers and sets over absolutely unto the Assignee(s), his/her/its executors, administrators, successors or assigns, the above numbered contract and all rights, title and interest therein, together with all sums of money which may be now due or hereafter payable thereunder, and all rights, privileges, powers, benefits, options and advantages connected therewith or to be derived therefrom.

ALL PREVIOUS DESIGNATIONS OF BENEFICIARIES ARE HEREBY REVOKED AND THE BENEFICIARY IS HEREBY CHANGED TO THE ASSIGNEE(S), HIS/HER/ITS EXECUTORS, ADMINISTRATORS, SUCCESSORS OR ASSIGNS.

IMPORTANT TAX INFORMATION

If this is an Annuity or involves a Side Fund Annuity, this transfer of ownership may result in a net gain. If a net gain is realized, it may be subject to Federal, state and local income tax. The Assignor(s) may also be subject to tax penalties under the estimated tax rules if the Assignor's payments of estimated tax and other withholding, if any, are not adequate.

Certification - Under penalties of perjury, the undersigned certify that the Social Security Number(s) or Taxpayer ID Number(s) listed above is/are correct. Additionally, if the Assignee(s) (new owner(s)) is a Trust, the trustee certifies that such Trust is a [] Grantor [] Non-Grantor Trust

REQUIRED SIGNATURE OF DISINTERESTED PARTY DATE SIGNED AT (CITY & STATE)
SIGNATURE OF ASSIGNEE(S) (NEW OWNER(S))

NOTE: If executed by a corporation, the CORPORATE SEAL SHOULD BE AFFIXED HERE and there should be attached to the assignment a certified copy of a resolution of the Board of Directors authorizing the signing officer(s) to execute and deliver the assignment in the name and on behalf of the corporation.

The assignment of this contract is not effective unless recorded by the Company at its Home Office. A confirmation will be provided for the contract owner's records. A signature on this form transmitted by facsimile or electronically shall have the same force and effect as an original signature, once received the faxed document is the controlling document.



NOTICE

This assignment form is furnished solely as an accommodation. The Western and Southern Life Insurance Company or Western-Southern Life Assurance Company is not a party to this assignment and does not assume any responsibility as to its validity or sufficiency. It is the responsibility of the parties to this assignment to see that all persons whose interests are intended to be affected are joined in the execution, and all fees in connection therewith must be paid by the interested parties.

The assignment should be executed as indicated. After completion, return the form to the COMPANY for recording. The original will be retained by the Company and a confirmation returned for the assignee's records.

To be used on insurance contracts when Insured is age 21 or over, was age 15 or over at policy issue, is the current policy owner or is being made the new owner/assignee and is at least age 15. Use on all annuity contracts.

INSTRUCTIONS AND RESTRICTIONS

By completing this form, you can change ownership to another person, change ownership to the insured, change ownership to a corporation or make a Trust the owner. (If a Trust is to be named as owner, list the full name of the Trust, name of the Trustee and the date of the Trust. Also, the Trustee must complete the Certification area as to whether the Trust is a "Grantor" or "Non-Grantor" Trust.)

NOTE: This change in ownership/assignment automatically makes the new owner the Class I beneficiary and revokes all other Classes. If the new owner is the insured/annuitant, his/her Estate is automatically the new beneficiary. This fact should be pointed out to the new owner and a DO-43 completed if a beneficiary designation other than this is desired. The DO-43 should be signed and dated by the new owner one day after this change in ownership.

Always check SPIRIT to verify the name of the current owner who must sign this assignment form. If you are unable to determine who should sign this request, contact Annuity Operations (5100) or the Policy Service Department (0600) via Electronic Mail for assistance. Witness signature is required.

If the new ownership involves more than one individual, list every individual in the appropriate Assignor/Assignee space and provide the requested information for every individual. Every individual should sign the form, as appropriate. When more than one assignee is named, the new ownership shall be considered to be joint ownership with right of survivorship unless otherwise indicated.

Ownership cannot be changed on a Cancer policy.

Ownership of a Qualified annuity contract cannot be changed without jeopardizing the tax status of the contract. Such a change should be discouraged.

If the policy has family coverage and was issued by The Western and Southern Life Insurance Company, the ownership cannot be changed if the family coverage rider was issued prior to 1989.

This form is not to be used for a Collateral Assignment. Use Form DO-599.

If the current owner is deceased, write to Annuity Operations (5100) or the Policy Service Department (0600) giving the full name and relationship of the person who wants to succeed to ownership and provide proof of death of the owner. If additional information is needed, you will be notified. Do not submit this form in such situations.

If the owner on a juvenile policy wants to continue ownership beyond the insured's age indicated in the contract, request the proper form from Annuity Operations (5100) or the Policy Service Department (0600) prior to the insured attaining the age indicated in the contract.

If this ownership change request is going to be signed by a Power of Attorney or Guardian, attach a copy of the P.O.A. or court appointment document together with a letter outlining the reason the change is being requested and send to Annuity Operations (5100) or the Policy Service Department (0600). If anything additional is needed, you will be notified.

If the contract is collaterally assigned, the signature of an authorized officer of the bank is required in addition to the contract owner.

If this contract is owned by a Corporation, we will require a Corporate Resolution authorizing this change in ownership. Contact Annuity Operations (5100) or the Policy Service Department (0600) if assistance is needed in regard to the Resolution.



process 7/29/16



THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY
WESTERN-SOUTHERN LIFE ASSURANCE COMPANY
CINCINNATI, OHIO 45202

NAME SUCCESSOR OWNER
ORDINARY ONLY

DISTRICT:		ACCOUNT:		1600
CO. CODE 0	CONTRACT NUMBER 0044039765	SEC COX		INSURED/ANNUITANT DATE OF BIRTH
ADDRESS OF SUCCESSOR OWNER				TELEPHONE NO. OF SUCCESSOR OWNER

ATTENTION DISTRICT OFFICE: Please review Spirit II for current ownership; review Instructions and Restrictions on reverse side prior to completing form.

The undersigned hereby names a Successor Owner for the above numbered contract and requests The Western and Southern Life Insurance Company or Western-Southern Life Assurance Company to change its records in the manner shown in A or B below. Any prior designations of a Successor Owner are hereby revoked.



A ABSOLUTE OWNERSHIP (Assignment Code 01 or 03) AND ALL NONQUALIFIED ANNUITY CONTRACTS:
 "It is understood and agreed that if the Current Owner, RICHARD J COOK JR, SS No. or Tax ID, [REDACTED] should die during the lifetime of the insured/annuitant, the Successor Owner shall be FRANK A COOK, whose relationship to the insured/annuitant is MOTHER, SS No. or Tax ID, [REDACTED]. The Successor Owner shall be entitled to exercise all rights, privileges, powers, and options under this contract. (These rights as they apply to annuity contracts are limited by the Internal Revenue Code and the regulations thereunder.)"

B NON-ABSOLUTE OWNERSHIP (Assignment code 02):
 "It is understood and agreed that if the Current Owner, _____, SS No. or Tax ID, _____ should die, disappear or be adjudged incompetent before the Insured reaches age 21, the Successor Owner shall be _____, whose relationship to the insured is _____, SS No. or Tax ID, _____. The Successor shall be entitled to exercise all rights, privileges, powers, and options under this contract; provided, however, that all interest of the Successor Owner shall terminate automatically upon the happening of any of the following events, to wit, (1) upon the insured attaining the age of 21 years, after which date the rights, privileges, powers, and options aforesaid shall be exercised by the insured as provided in the contract, or (2) if the Successor Owner should die, disappear or be adjudged incompetent while the insured is still under 21 years old, in any of which events all the rights, privileges, powers and options above referred to shall be exercised, in accordance with and subject to the terms and conditions of the contract, by any person appearing to the Company to be equitably entitled to do so. It is understood and agreed that all decisions made by the Company in good faith upon evidence satisfactory to it, shall be conclusive and binding upon all parties, and that the Company shall incur no liability for action in reliance thereon."

It is hereby requested that any provision contained in the above numbered contract shall, to the extent that it requires this naming of a Successor Owner to be endorsed upon the contract by the Company at its Home Office by waived. The undersigned further represents that the contract is not in the possession of another person and that there is no claim against it.

SIGNED AT (CITY AND STATE) <u>WHEATFIELD OH</u>	DATE <u>7-26-16</u>	WITNESS <u>Reggie Jackson</u>
SIGNATURE OF OWNER <u>Richard J Cook Jr</u>		

If this form is being completed with an ownership change, this form must be signed by new assignee/owner.

A designation of Successor Owner is not effective unless recorded by the Company at its Home Office. A confirmation will be provided for the owner's records.



INSTRUCTIONS AND RESTRICTIONS

This form is to be used when the contract owner wishes to designate another person to succeed to all rights, privileges, powers and options upon his/her death, (or in the case of non-absolute ownership, death, disappearance or incompetency). It is not to be used to change the ownership from one person to another (for this, use Form DO-598 or DO-835) or in cases where the current owner is deceased (in this situation, send an Electronic Mail message to Department 0600 outlining the request).

Check Spirit II to determine the current owner and assignment code of the contract. See the following paragraph for further clarification.

If this form is submitted in conjunction with an Absolute Assignment (Form DO-598) or Assignment of Control/Ownership (Form DO-835), the signature of the new assignee/owner specified on the ownership change request is needed for this transaction. This is the person who is now the current owner.

A ABSOLUTE OWNERSHIP (Assignment Code 01 or 03) AND ALL NONQUALIFIED ANNUITY CONTRACTS:

This section is used when the person insured is not the contract owner and section B does not apply. Insert the current owner's name on the first line of this paragraph. The name of the person who is to succeed to ownership is placed on the second line and that person's relationship to the insured/annuitant is listed on the third line. (It is allowable to have the ownership pass to the insured/annuitant at the death of the owner. This can be accomplished by indicating the insured's/annuitant's name on the second line of this section. Indicate "self" or "insured/annuitant" in the relationship). As stated in "A" on the reverse side, the rights of the Successor Owner on annuity contracts are limited by IRS regulations. If you have specific questions in this regard, contact Policy Service.

B. NON-ABSOLUTE OWNERSHIP (Assignment code 02):

This section is used on non-absolute ownership contracts (assignment code 02). Insert the current owner's name on the first line of this paragraph. The name of the person who is to succeed to ownership is placed on the next line and that person's relationship to the insured is listed on the third line. This successor owner's rights will automatically cease when the insured becomes owner per contract ownership provision.

If you need assistance in determining the current ownership of this contract or have any difficulty in the completion of this form, contact the Policy Service Department 0600 via Electronic Mail message, or contact SOS.

If this request is being completed in conjunction with a change in ownership Form DO-598 or DO-835, attach this form to the ownership change form and submit to the Policy Service Department 0600.

