



Aviva Life and Annuity Company of New York
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 Home Office: Melville, NY

Change of Ownership Form

(Simple Ownership)

This Change of Ownership form BL-087 may only be used for changes to a single owner or two joint owners with right of survivorship.

COMPLETE ALL SECTIONS (Please print or type all information *except* signatures. Please use black ink.)

SECTION 1:

Insured/Annuitant: _____ Contract Number: _____

Current Owner: _____ Telephone No. of Owner: (____)____-_____

Current Owner's Address: _____ Address Change Requested:

SECTION 2:

New Owner: _____ Social Security No. or Tax Identification No.* _____

Address of New Owner: _____
 _____ City _____ State _____ Zip Code _____

Telephone No. of New Owner: (____)____-_____ E-mail Address: _____

* Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, and (2) that I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS 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. Refer to IRS Form W-9 for complete information regarding backup withholding and Taxpayer Identification Numbers.

 Signature of New Owner (Title of Officer if Corporation or Trustee, if applicable) Date

Other Required Signatures (Additional Owners or Irrevocable Beneficiaries, if any)

NOTE:

1. If Owner is a corporation, an officer (other than the Insured) must sign. If Owner is a trust, the trustee must sign as "trustee".
2. If premiums are paid by Pre-Authorized Payment, you may want to change the Payor. If so, submit a new Authorization form and void check for the new Payor and/or Owner.

Contingent Owner: Upon death of the new Owner, ownership shall transfer to (only a single contingent owner or two contingent joint owners with right of survivorship may be listed, list all applicable Tax Identification Numbers):

 Social Security No. or Tax Identification No.

Upon death of the Owner, (if no Contingent Owner is designated), or both the Owner and Contingent Owner, ownership shall vest in the Estate of the Owner, unless provided herein.

SECTION 3:

I (We) transfer all right, title and interest in the above contract, and all claims, dividends, values and rights in and to be derived therefrom, during the lifetime of the Insured, subject to the conditions and provisions of the contract to the new owner listed above.

 Signature of Current Owner (Title of Officer if Corporation or Trustee, if applicable) Date

Other Required Signatures (Additional Owners or Irrevocable Beneficiaries, if any)

NOTE:

1. A beneficiary change may be appropriate.
2. The change in ownership will precede any request to change the beneficiary designation that may accompany this form.
3. The requested change in ownership above will not be effective until received, reviewed and recorded by the Company's Home Office. The Company reserves the right to refuse to record any change of ownership requests not meeting the Company's requirements.



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