

ABSOLUTE ASSIGNMENT AND TRANSFER OF POLICY*(Change of Ownership)*POLICY NO.: _____ INSURED/
ANNUITANT: _____

ISSUED BY

FARM BUREAU LIFE INSURANCE COMPANY OF MICHIGAN
7373 W. Saginaw Hwy., P.O. Box 30200, Lansing, MI 48909-7700
Email: LifeDocuments@fbinsmi.com

I (we) release all interest in this policy and do hereby assign, transfer, and set over unto:

Primary Owner Information_____
Name of New Owner (Primary) Date of Birth Social Security Number/Tax Identification Number_____
Relationship of New Owner (Primary) to Current Owner_____
Address of New Primary Owner City State Zip Code**Contingent Owner Information**_____
Name of New Owner (Contingent) Date of Birth Social Security Number/Tax Identification Number_____
Address of New Contingent Owner City State Zip Code

all rights, benefits, and privileges granted in the policy.

I (we) _____ hereby certify that this assignment is not given as security
Name of Current Primary Owner (please print)
or collateral for any obligation whatsoever.**X** _____
Signature of Current Primary Owner Date
(as witnessed by or electronically verified)**X** _____
Signature of Witness Printed Name of Witness Date
(as witnessed by or electronically verified)

I certify, under penalties of perjury, that

1. My Social Security Number is correct (or I am waiting for a number to be issued to me) and that:

2. Check one: _____ 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 (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, or

_____ I have been notified by the IRS that I am subject to backup withholding.

3. I am a U.S. person (including U.S. resident alien) and am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Exemption from FATCA reporting code (if any): _____

 Check here if item 3. above is not a true statement.

Non-qualified annuity ownership change may result in reporting of taxable income to the original owner.

X _____
Signature of New Owner Date
(as witnessed by or electronically verified)_____
Name of New Owner (please print)

NOTE: THIS IS AN ABSOLUTE TRANSFER OF TITLE. IT SHOULD NOT BE USED IF GIVEN AS SECURITY FOR DEBT, OR IF IT IS OTHERWISE CONDITIONAL. IT IS EFFECTIVE ONLY WHEN RECORDED AT THE HOME OFFICE. THE COMPANY ASSUMES NO RESPONSIBILITY FOR THE VALIDITY OR EFFECT OF ANY ASSIGNMENT. AN ASSIGNMENT IS SUBJECT TO ANY LOANS ON THE POLICY AND ANY PAYMENTS OR ACTIONS MADE BEFORE IT BECAME EFFECTIVE.