

OWNERSHIP CHANGE REQUEST

Company Name: _____

Policy Number: _____

Insured: _____

Owner Name: _____

As Owner of the above designated policy, I request that all benefits, rights and privileges incident to ownership of the policy be vested in the new Owner named below, or to such new Owner's Executors, Administrators and Assignees or Successors and Assignees.

NEW PRIMARY OWNER:

Name: _____ Social Security #: _____*
(print full name of Individual or Trust) (or Trust ID #:)

Relationship to Insured or Date of Trust, if applicable: _____

Address: _____

**Certification - Under penalty of perjury, I certify that the appropriate Social Security Number provided on this form is true, correct, and complete. I understand that failure to furnish number could subject me to back up withholding taxes. I certify that I am not now subject to backup withholding taxes.*

NEW OWNER'S SIGNATURE: _____

Print Title or Name of Trustee if Applicable: _____

CONTINGENT OWNER:

Name: _____ Social Security #: _____

Address: _____ Relationship: _____

CONTINGENT OWNER'S SIGNATURE: _____

If automatic ownership transfer is desired, please mark below:

In the event the Owner predeceases the Insured, ownership of said policy shall vest in the Insured.

EXECUTED THIS _____ DAY OF _____, 20 _____

X: _____ X: _____
Signature of Previous Owner/Assignor **Signature Spouse****

X: _____
Signature of Disinterested Witness **Print name of Witness**

** IF YOU RESIDE IN ONE OF THE COMMUNITY PROPERTY STATES LISTED BELOW, YOUR SPOUSE'S SIGNATURE IS REQUIRED. IF YOU ARE DIVORCED, A COPY OF YOUR DIVORCE DECREE SHOWING THAT ALL RIGHTS WERE GIVEN UP BY YOUR SPOUSE IS REQUIRED. IF YOUR SPOUSE IS DECEASED, A COPY OF THE DEATH CERTIFICATE IS REQUIRED. YOUR REQUEST CANNOT BE PROCESSED WITHOUT THIS DOCUMENTATION. **COMMUNITY PROPERTY STATES:** ARIZONA, CALIFORNIA, GUAM, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, TEXAS, WASHINGTON, WISCONSIN.