

Ownership Change Request

18-162-2 (09/22)


Administrative Office: PO Box 410288, Kansas City, MO 64141-0288

The following is provided to assist you in designating a new Owner. Please read the instructions carefully. If you have any questions, call 800.231.0801 or email us at claims.operations@americo.com. If alterations have been made, the owner must initial by any changes. If you wish to email the completed documents: forms@americo.com.

IS A NOTARY REQUIRED? A Notary is highly recommended. If this document is not notarized and signatures do not appear to match, a notary will be required by us to approve.

WHO MAY NAME OR CHANGE THE OWNERSHIP ON A POLICY?

Only the owner of an insurance policy may change the ownership. If an irrevocable beneficiary has previously been named, we must have their signature on the change form also.

If the owner of the policy is a trust, signature(s) and title(s) of the trustees are required.

If the owner of the policy is a corporation, partnership, or business, two company officer signatures and titles are required (President, Vice President, Secretary, etc.).

If the owner of the policy is a sole proprietorship, the sole proprietor must sign.

WHO MAY BE NAMED AS OWNER?

The owner may be one person, more than one person, a trust, a corporation, or any other entity from which a legal signature(s) can be obtained. If multiple owners are designated, the signature of every owner must be included on any future policy change requests.

If this is a Qualified Plan, ownership changes may be restricted.

WHAT IS THE DIFFERENCE BETWEEN A PRIMARY OWNER AND A CONTINGENT OWNER?

The **Primary** owner is the person(s) or entity(ies) who will maintain control of the policy while the insured is living. The owner of the policy is the only person or entity who can make changes to the policy.

The **Contingent** owner assume(s) control of the policy if the primary owner should pass away prior to the Insured.

HOW DO I NAME A TRUST AS AN OWNER?

Please provide the trust name, date, tax identification number, and address of the trust where indicated on the Ownership Change Request form.

HOW DO I NAME A COMPANY AS AN OWNER?

Please provide the company name and corporate resolution listing who can sign on behalf of the company. Two signatures and titles are required on the Ownership Change Request form.

WHAT IS REQUIRED IF I LIVE IN A COMMUNITY PROPERTY STATE?

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 the divorce decree showing 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.

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| | | |
|---|-----------------------|----------------|
| Policy Number | Current Owner's Name | Insured's Name |
| Street Address (Include City, State, and ZIP) | | |
| Phone Number | Owner's Email Address | |

(Please print in all sections)

| | | | |
|--|--------------|--|-------------------------|
| New Primary Owner (Please select one type) <input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> Trust | | New Primary Owner Name | Relationship to Insured |
| Birth Date or Trust Date | Phone Number | Email Address | |
| Street Address (include City, State, and ZIP) | | | |
| Social Security Number or Tax ID | | Signature (Include Title if Company or Trust) X | |
| New Contingent Owner (Please select one type) <input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> Trust | | New Contingent Owner Name | Relationship to Insured |
| Birth Date or Trust Date | Phone Number | Email Address | |
| Street Address (include City, State, and ZIP) | | | |
| Social Security Number or Tax ID | | Signature (Include Title if Company or Trust) X | |

X _____
Signature of Current Policy Owner Date

X _____
Signature of Current Joint Policy Owner (if applicable) Date

X _____
Signature of Spouse (if applicable*) Date

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| Notary Acknowledgement (See Instructions) State of _____ County and or City of _____ On this ____ day of _____ in the year ____ before me, _____ [Name of Notary], a Notary Public in and for said state, personally appeared _____ [Name of Individual], known to me to be the person who executed this document, and acknowledged to me that he/she executed the same for the purposes therein stated. _____ [Notary Public] |
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