



TRANSFER OF OWNERSHIP

Policy: _____

Insured: _____

Current Owner: _____

Instructions for completing this form:

1. This form must be completed in ink and cannot be altered by the use of correction fluid.
2. Both the New Owner and Current Owner must sign the form.

New Owner Information

Print Name of New Owner: _____

Relationship to Insured: _____

Address of New Owner: _____

City/State/Zip: _____

SSN: _____ Phone: _____

E-mail Address: _____

I hereby request the owner of the above listed policy be changed. I understand that the benefits, rights and privileges of the policy will be vested in the new owner, his/her executors, his/her administrators and assigns, or his/her successors and assigns.

Signature of New Owner: _____ **Date:** _____

Signature of Current Owner: _____ **Date:** _____

SSN: _____ Phone: _____

Signature of Current Owner's Spouse*: _____ **Date:** _____

**Required in AZ, CA, ID, LA, NM, NV, SD, TX, WA, WI.
If you are not married please write "not married" on the line.*