

TRANSFER OF OWNERSHIP REQUEST

Contract Number: _____ Contract Owner: _____

I authorize the transfer of all my rights, title and interest for the above referenced contract number to:

New Primary Owner:

Name Date of Birth

Mailing Address Relationship

City State Zip Code

This change revokes all prior designations made by me and is subject to all the terms and provisions of the contract. The change becomes effective on the "Home Office" date of recording, without prejudice to the Company of account of any payment made or any action taken or permitted by the Company before recording such change. If a trust is being named the owner, please include a copy of the trust showing the name of the Trust, Trustee, Successor Trustee, and the Tax Identification Number.

Note: Ownership transfer may be a taxable event. The transferring Owner will receive an IRS FORM 1099R in February next year reporting any taxable amount.

The following statement is required by the IRS: Under penalty of perjury, I certify that the number shown on this form is my correct social security or taxpayer ID number and I am not subject to back-up withholding. I certify that I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party.

This form dated at _____ on the ____ day of _____, 20____
City/State

Transferring Owner's Signature Transferring Owner's Social Security or Taxpayer ID Number ()
Transferring Owner's Telephone Number

New Owner's Signature (if Joint – both must sign) New Owner's Social Security or Taxpayer ID Number ()
New Owner's Telephone Number

Signature of Witness* Telephone Number of Witness (if available) ()
New Owner's Email Address (if available)

* Signature must be witnessed by an adult who is not a Beneficiary or Owner. In the following states, the signature of your spouse must also be present: AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI.

After we have recorded the change, an acknowledged copy of this form will be sent to you to be kept with your policy.

For Home Office Use Only

Recorded By: _____ Date: _____