

**POLICY SERVICE APPLICATION – OWNERSHIP**

Policy Number	Insured	Owner (if other than insured)	Date
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The Form must be completed and signed in ink by the persons, who under the terms of the policy, have the right of ownership.  
**Corporations** – Two officers’ signatures with titles are required      **Irrevocable Beneficiary** – The signature of the Irrevocable Beneficiary is required  
**Partnership** – The signature of a general partner is required      **Community Property Law State** – Spouse’s signature is required  
**Trust** – Two Trustee’s signatures are required      (see reverse side of form)

**A.  TRANSFER OF OWNERSHIP       IRREVOCABLE ASSIGNMENT**

The undersigned hereby transfers ownership of the above-stated policy to:

1. \_\_\_\_\_  
 Name (Please Print Full Name)      Signature      Date of Birth      Relationship      SSN/TIN

\_\_\_\_\_  
 Mailing Address (Establishment of the Address of Record)      City      State      ZIP Code

2. \_\_\_\_\_  
 Name (Please Print Full Name)      Signature      Date of Birth      Relationship      SSN/TIN

\_\_\_\_\_  
 Mailing Address (Establishment of the Address of Record)      City      State      ZIP Code

Is the new owner to be the Payor?     Yes     No

The undersigned hereby irrevocably assigns, transfers and sets over all rights, titles, interests and incidents of ownership in the policy to said Assignee(s) as the separate property and estate of the said Assignee(s). With this, the undersigned gives the Assignee the right to exercise all benefits, privileges and options contained in the policy and to receive dividends or any cash; loans or other values, if any; to change beneficiary; to assign the policy; and to agree with the Company regarding any release, modification or amendment to this policy. It is further understood and agreed that any provision that required a policy endorsement to effect this change is hereby waived and this change is effective on the date that it is recorded at the Administrative Office of the Company. Under penalty of perjury, the undersigned Assignee certifies that the information above is correct.

**B.  CHANGE OF NAME       Owner       Insured**

From: \_\_\_\_\_      To: \_\_\_\_\_  
 Former Name (Print)      Present Name (Print)

\_\_\_\_\_  
 Former Name (Signature)      Present Name (Signature)

Reason: Indicate reason(s) below. A certified copy of Court Order/Corporate Resolution must be attached.

- |  |   |
|--|---|
| <u>Family Change</u><br><input type="checkbox"/> Marriage<br><input type="checkbox"/> Adoption<br><input type="checkbox"/> Divorce<br><input type="checkbox"/> Court Order<br><input type="checkbox"/> Other | <u>Corporate Name Change</u><br><input type="checkbox"/> Company dissolved—Dissolution papers<br><input type="checkbox"/> Company merger—Copy of merger documents<br><input type="checkbox"/> Partnership—Amendment to Articles of Partnership<br><input type="checkbox"/> Incorporated—Amendments to the Articles of Incorporation<br><input type="checkbox"/> Pension Plan—Board Resolution or Amendment to Plan contract |
|--|---|

**C.  CHANGE OF ADDRESS       Owner       Insured**

Name: \_\_\_\_\_  
 Full Name (Print)

Address: \_\_\_\_\_  
 Mailing Address      City      State      Zip Code

**D.  CHANGE OF PAYOR**

Payor

Owner

Insured

Name: \_\_\_\_\_  
Full Name (Print)

Address: \_\_\_\_\_  
Mailing Address City State Zip Code

Mode:  Quarterly Direct Bill  Semi-Annual Direct Bill  Annual Direct Bill

Monthly mode is only available on Automatic Bank Draft and requires the submission of a completed Pre-Arranged Premium Payment Plan authorization form.

**Community Property States**

If you currently reside in one of the following states (or **Puerto Rico**) please complete the additional information below.

- |                   |                   |                   |
|-------------------|-------------------|-------------------|
| <b>Arizona</b>    | <b>Louisiana</b>  | <b>Texas</b>      |
| <b>California</b> | <b>New Mexico</b> | <b>Washington</b> |
| <b>Idaho</b>      | <b>Nevada</b>     | <b>Wisconsin</b>  |

1. If you have **never been married**, please acknowledge by signing here:

\_\_\_\_\_  
Signature Date

2. If you are **currently married**, your spouse must consent to the transaction by signing here:

\_\_\_\_\_  
Spouse's Signature Date

3. If your **spouse is deceased**, please attach a copy of the Death Certificate.

4. If you are **divorced**:

- and the policy was included in the Divorce Decree or Property Settlement Agreement and was awarded to you, please attach a certified copy of the document. Spouse's consent not required.
- and the policy was not included in the Divorce Decree or Property Settlement Agreement, it will be necessary for your ex-spouse to consent by signing here:

\_\_\_\_\_  
Ex-Spouse's Signature Date

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or policyowner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

**Failure to follow these instructions in their entirety will result in delays in the processing of this request.**

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and therefore assumes no duty, nor responsibility for inquiry. The insured and/or policyowner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting and processing this change request in reliance upon the representations of the policyowner/insured. If the policyowner is a corporation or trust, the authorized corporate representative/trustee must sign and indicate title. By signing, the corporate representative/trustee does certify that he/she is authorized to sign and the Company shall be indemnified and held harmless by its reliance on such representations, without the duty to further inquiry.

It is agreed that the signatures below shall apply to the ownership request provided on the front of this form. It is further agreed that any provision of the policy requiring the policy to be returned to the Company for endorsement is hereby waived and shall have no effect. The requested change shall be effective on a date after receipt by the Company at its Administrative Office, provided this form is properly completed and in a form acceptable to the Company. Following review and processing by the Company, a letter acknowledging the change and the recording thereof shall be sent to the policyowner.

**E. AUTHORIZATION/SIGNATURES**

The persons signing this form affirm under penalty of perjury that they are authorized to execute this document.

\_\_\_\_\_  
Signature of Policyowner

\_\_\_\_\_  
Printed Name of Policyowner

\_\_\_\_\_  
If Corporation/Trustee, Title

\_\_\_\_\_  
SSN/TIN

\_\_\_\_\_  
Signature of Co-Policyowner

\_\_\_\_\_  
Printed Name of Co-Policyowner

\_\_\_\_\_  
If Corporation/Trustee, Title

\_\_\_\_\_  
SSN/TIN

\_\_\_\_\_  
Signature of Irrevocable Beneficiary

\_\_\_\_\_  
Printed Name of Irrevocable Beneficiary

\_\_\_\_\_  
Signature of Assignee, Title

\_\_\_\_\_  
Printed Name of Assignee