

Ownership/Payor Change Request

PO Box 2549, Waco, TX 76702-2549
Fax: 254-297-2105 Scan to: POS@aatx.com

Policy or Certificate No. _____

Insured: _____ Insured SSN: _____

Policy Owner: _____ Owner SSN: _____

Ownership Change - The owner hereby requests that all benefits, rights and privileges incident to ownership of the policy be vested in the new owner and, upon the prior death of the owner, the named contingent owner the Insured the executor, administrators and assigns, or successors and assigns of such new owner.

New Owner: _____ Social Security No: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____ Relationship to Insured: _____

Contingent Owner: _____ Social Security No: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____ Relationship to Insured: _____

Complete only if there is a new payor:

New Payor: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Social Security No.: _____ Relationship to Insured: _____

The owner expressly agrees that any change above will take effect as of the date this notice was signed, except as to any payment made by the Company before such change is recorded by the Company. The owner agrees that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require presentation, if desired.

Dated at _____ the _____ day of _____, _____
(city, state) (date) (month) (year)

Witness: _____ (signature) Owner: _____ (signature)

Witness: _____ (signature) **New Owner:** _____ (signature)

Witness: _____ (signature) **New Payor:** _____ (signature)

Company Use: The Company acknowledges the receipt of this requested change but does not assume responsibility for its validity or legal effect or the rights and liabilities of any person.