

## Ownership Change Request for Life Policies (Absolute Assignment)

### Current Policyowner Information

Policyowner's Name \_\_\_\_\_  
 Contingent Owner's Name \_\_\_\_\_  
 Insured's Name \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email Address \_\_\_\_\_ Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

### This Section Must be Completed

### New Owner(s) Information

I (We) hereby request and authorize a change of ownership on the above-referenced policy to:

**New Owner's Name** \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State ZIP

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship of the New Owner to Insured \_\_\_\_\_

**New Contingent Owner's Name** \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State ZIP

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship of the New Contingent Owner to Insured \_\_\_\_\_

### Beneficiary Change Request

The new Owner also becomes the Beneficiary on Juvenile Life Insurance policies. For all other policies, a change of ownership does not affect or change the beneficiary designation on file. Proceeds payable at death will be paid in accordance with such designation. If you wish to change the current beneficiary designation, complete the Primary and Contingent Beneficiary sections.

By completing these sections, all prior Beneficiary designations are hereby revoked and the following are designated as Beneficiaries under this policy. It is recommended you do not name a funeral home as Primary Beneficiary. However, in the event a funeral home is designated, Company policy requires a Contingent Beneficiary be named. Funeral homes are not allowed to be named as Beneficiary in the following states: MD, MI, MT, NJ, OK, PA, SD, TX and WV. If a funeral home is a named Beneficiary, benefits will be paid to the extent of its interest. The Contingent Beneficiary will be paid any remaining amounts.

#### Primary Beneficiary

Name (Last, First MI)	Address	Date of Birth	Phone Number	Relationship	% Allocation
<b>Total Allocation</b>					<b>100%</b>

**Contingent Beneficiary** — If no Primary Beneficiary(ies) are living to receive payment, proceeds will be paid to the Contingent Beneficiary(ies).

Name (Last, First MI)	Address	Date of Birth	Phone Number	Relationship	% Allocation
<b>Total Allocation</b>					<b>100%</b>

## Please Complete for Required Signatures

### Medicaid Acknowledgment

Check if changing Ownership due to Medicaid.

### Signatures and Acknowledgment

The undersigned are in agreement with the request being made to change ownership of the listed policy. I (We) understand the request will not become effective until approved by the company in accordance with the terms of the policy.

X  
Original Policyowner's Signature \_\_\_\_\_ Date \_\_\_\_\_

X  
Original Contingent Owner's Signature (If applicable) \_\_\_\_\_ Date \_\_\_\_\_

X  
Original Owner Spouse's Signature (If community property state) \_\_\_\_\_ Date \_\_\_\_\_

X  
Beneficiary's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

X  
New Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

X  
New Contingent Owner's Signature (If applicable) \_\_\_\_\_ Date \_\_\_\_\_

X  
Assignee's Signature (If applicable) \_\_\_\_\_ Date \_\_\_\_\_

\*Required if current beneficiary is designated as irrevocable.

### Signature Requirements

Owner	Signature(s) Required
Individual	Policyowner (The signature of the Owner's spouse is also required if the policy was issued in a community property state.)
Corporation, Bank or Financial Institution	One officer's signature with title. We require a corporate resolution, which names all officers authorized to sign on behalf of the corporation.
Conservator or POA	Signature of Conservator or POA dated within the last year. We require a copy of the POA document be on file.
Trust	All trustee(s) as authorized by the required trust documentation. We require the title pages (which indicates the full name of the trust with the date of the trust and the trustee names), the powers of the trustees and the signatory pages of the trust.
Stamped Signatures	We will not accept stamped signatures.
Other Interested Parties	Contact customer service to verify signature(s) needed.

## Guidelines to Ownership Changes

The following guidelines apply to all ownership changes:

- Any change of Owner to a funeral home may be subject to state limitations. Please consider naming a family member as Owner or assigning benefits through a revocable assignment.
- Our company does not allow ownership changes involving entities such as Corporations, LLPs or Investors.
- The new Owner is responsible for the premium due.
- A change of ownership does not affect or change the current beneficiary designation. However, on juvenile life policies, the new Owner becomes the beneficiary unless they name someone else.

To change the ownership, complete the enclosed Ownership Change Request for Life Policies form and return it to us in the envelope provided. If you wish to change the current beneficiary designation, you must complete the Beneficiary Change Request section.