



TRANSFER OF OWNERSHIP

NOTE: Before completing this form see the instructions on the reverse side.

Name of Insured: _____ Certificate No.: _____

Name of Current Owner: _____

The undersigned Current Owner hereby assigns and transfers, without any exception, limitation, or reservation whatsoever, all of their rights, title, and interest in this certificate to the New Owner indicated below.

1) Choose "Individual" or "Trust"

INDIVIDUAL

First Name: _____ Middle: _____ Last: _____

TRUST

Trust Name: _____ Trust Date (MM/DD/YYYY): _____

Trustee Name(s): _____

2) New Owner's Contact Information

Address / Apt. No: _____

City: _____ State: _____ ZIP: _____

Primary Telephone No: _____ Cell Other Alternate Phone No: _____ Cell Other

Email: _____

SSN/TIN: _____ DOB (MM/DD/YYYY): _____ Gender: M F

Relationship to Insured: _____

SIGNATURE OF NEW OWNER

DATE

I hereby sell, assign, and transfer all my rights, title, and interest in this certificate to the above New Owner.

SIGNATURE OF CURRENT OWNER

DATE

Subscribed and sworn to before me
on this _____ day of _____, 20____

Acknowledged by the Home Office
on this day of _____, 20____

NOTARY PUBLIC

My commission expires _____

AUTHORIZED SIGNATURE

INSTRUCTIONS

- 1) New Owner is to sign the form first. The Current Owner signs after the New Owner.
- 2) Only the Current Owner's signature requires notarization.
- 3) After form is completed and executed before a Notary Public it is to be returned to the Home Office, 1891 Financial Life, 200 N. Martingale Rd., Ste. 405, Schaumburg, IL 60173.
- 4) After acknowledged by the Home Office, the certificate ownership and all rights of ownership will be transferred to the New Owner.
- 5) The acknowledged form will be returned to the Current Owner to be placed with the certificate.
- 6) While the use of this form transfers ownership of the certificate, it does not affect the beneficiary designation. The New Owner must complete a Change of Beneficiary form if they desire to change the beneficiary designation.