



PO Box 11609, Winston-Salem, NC 27116-1108
Phone: (833) 658-2841 Fax: (303) 220-8056

POLICY OWNERSHIP CHANGE FORM

Policy No.:	Insured:	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
		<input type="checkbox"/> Married	<input type="checkbox"/> Widow/Widower

Current Owner Information:

Full Name:	Birth Date:	Social Security No.:
Address (City, State, Zip):		Telephone No.:

I, the present Owner of the above policy, hereby revoke any previous designation of Owner that is not yet in effect and designate as the Owner of this policy, in accordance with the provisions of the policy, the following:

New Owner Information:

Full Name:	Birth Date:	Social Security No.:
Address (City, State, Zip):		
Telephone No.:()		Relation to Insured:

I understand that this change in ownership does not in any way affect the Beneficiary designations of the policy and that all of the current Owner's rights are passing to the new Owner.

Signature of Current Owner	Date	Current Owner's Name Printed
Signature of New Owner	Date	New Owner's Name Printed
Signature of Witness – An Unrelated Adult Person with no Interest in the Policy	Witness' Name Printed	

IMPORTANT: DO NOT use correction fluid on this form. If you have made an error, mark through it and initial your change.

ATTENTION: If you live in a community property state, **and you have designated someone other than your spouse as owner, state law requires that your spouse consent to such designation.** If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective.

I, _____ do hereby consent to the foregoing owner change designation(s).

(Spouse)

Date _____

(Signature of Spouse)

Acknowledged before me this _____ day of _____, 20____, by _____.

Such person is known to me or has produced _____ as identification.

Notary Signature: _____

Notary Printed Name: _____

Notary Public Commission No. _____

Seal

Serial Number, if any: _____