



**CHANGE OF OWNERSHIP & BENEFICIARY FORM**

Insured \_\_\_\_\_

Policy Number \_\_\_\_\_

Owner \_\_\_\_\_

- ( ) 1. I hereby revoke all existing settlement agreements and request the company to change the beneficiary for the above numbered policy.

**New Beneficiary** \_\_\_\_\_

\_\_\_\_\_

- ( ) 2. I hereby request that all benefits, rights and privileges incident to ownership of the policy be vested in the new owner named below.

**New Owner** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Witness of Notary