

Change of Ownership and Revocation of Beneficiary

Policy Number(s) _____ Insured _____

The undersigned hereby requests that:

- 1. All rights, title and interest in and to the Policy, including the right to change the Beneficiary, are transferred to _____ hereinafter referred to as the Owner.

Address:

_____ Street _____ City _____ State _____ Zip _____

Telephone No. _____ Date of Birth ____/____/____ Social Security _____ - _____ - _____
MM DD YY

- 2. All Designations of Beneficiary and Optional Modes of Settlement heretofore made are hereby revoked.
- 3. The Owner shall be the Beneficiary under the Policy.

NOTE: IF THE NEW OWNER DESIRES TO DESIGNATE A BENEFICIARY OTHER THAN HIMSELF IT WILL BE NECESSARY FOR HIM TO EXECUTE A CHANGE OF BENEFICIARY FORM.

- 4. If the right to change the Beneficiary has been reserved, the Owner alone may exercise all rights, privileges or options granted by the Policy. If the right to change the Beneficiary has not been reserved, the right to (a) assign, release or surrender this Policy, (b) elect an option in accordance with the "Options on Surrender or Lapse" provision, if any, of the Policy, (c) secure a Policy loan other than one solely to pay premiums on the Policy, or (d) change the Beneficiary, shall not be exercised without the consent of any irrevocable Beneficiary. All such rights, privileges or options may be exercised only while the Insured is living. If this Policy is assigned, the rights the Owner and any Beneficiary would otherwise have are subject to the rights of the Assignee.
- 5. If the above policy now requires endorsement of Change of Ownership, the acceptance of this form by the Company, when properly executed, shall constitute a waiver of any such requirement for endorsement of Change of Ownership.

It is hereby warranted that the undersigned is (are) the only party (ies) in interest under the Policy and alone may exercise all the rights, privileges and options incident thereto; that there has been no assignment of interest of any part thereof and that no proceedings in bankruptcy or insolvency have been filed or are pending against the undersigned.

EXECUTED THIS _____ day of _____ 20_____

Witness

Insured or Owner if other than the Insured

Witness

Other Required Signature

Witness

New Owner's Signature

This CHANGE OF OWNERSHIP AND REVOCATION OF BENEFICIARY is added to and made part of the above Policy as of the date of execution above.

*NOTE: If previous owner was a Corporation, the Corporate Seal affixed is required as well as signatures of two officers other than insured.

*AFFIX CORPORATE SEAL