



APPLICATION FOR CHANGE OF OWNERSHIP

Policy No: \_\_\_\_\_

Owner: \_\_\_\_\_ (If other than Insured)

Insured: \_\_\_\_\_

Telephone No. \_\_\_\_\_

I request that all benefits and privileges incident to ownership of the policy be vested in the new owner named below, and the executors, administrators and assign, of such new owner.

New Owner: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_

I direct that any amendment of the policy requested above take effect on the date this request is signed, but without any liability to the Company on account of payment made or action taken by it before this request was acknowledged by the Company. I agree that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.

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

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness (Please print)

\_\_\_\_\_  
Signature of Witness

If applicable, the undersigned agrees to the above change:

\_\_\_\_\_  
Signature of Assignee (if any)

\_\_\_\_\_  
Signature of Owner's Spouse (If resident of Community Property State)

\_\_\_\_\_  
Signature of Irrevocable Beneficiary (if any)

FOR HOME OFFICE USE ONLY  
ACKNOWLEDGEMENT OF REQUEST FOR CHANGE  
PLEASE ATTACH TO POLICY

Dated at Salt Lake City, Utah \_\_\_\_\_ By \_\_\_\_\_