



First, Middle, Last

Insured's Name _____ Policy Number _____

New Owner is to become Payor: Yes No Not Applicable If no option is selected, new Owner will become Payor.

I (We) transfer ownership of the above policy(ies) to:

- New Primary Owner(s) named below, during the life of this/these Owner(s);
- New Contingent Owner(s) named below, who are living when all New Primary Owners have died;
- Estate of the last surviving Owner at the Owner's death.

This transfer is subject to acknowledgment by the insurance company (*Assurity*); any indebtedness that Assurity may hold against the policy; any assignments previously acknowledged by Assurity; any irrevocable beneficiary arrangements recorded with Assurity. All options, benefits and beneficiary arrangements shall remain as they are unless changed by the New Owner(s) and acknowledged by Assurity subsequent to this transfer. This Ownership Transfer voids all earlier primary or contingent designations.

1. New Primary Owner(s) – (If more than one, ownership is joint with right of survivorship.)

| Full Name | Mailing Address | Phone Number | Date of Birth | Social Security No. |
|-----------|-----------------|--------------|---------------|---------------------|
| | | () | / / | |
| | | () | / / | |
| | | () | / / | |

2. New Contingent Owner(s) – (If more than one, ownership is joint with right of survivorship.)

| Full Name | Mailing Address | Phone Number | Date of Birth | Social Security No. |
|-----------|-----------------|--------------|---------------|---------------------|
| | | () | / / | |
| | | () | / / | |
| | | () | / / | |

I (We) hereby certify that no proceedings of insolvency or bankruptcy have been instituted by or against the undersigned.

Date (MM/DD/YYYY)

Signature of Current Owner

Signature of Witness (A non-related person with no financial interest in the policy.)

Signature of Current Joint Owner

WE REQUEST SIGNATURE(S) OF NEW PRIMARY OWNER(S) FOR FUTURE VERIFICATION PURPOSES.

Substitute Form W-9 information (Request for Taxpayer Identification Number and Certification): I, the Owner (or each Joint Owner), certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

New Primary Owner(s) Signatures:

Date (MM/DD/YYYY) _____
Signature of New Primary Owner

Date (MM/DD/YYYY) _____
Signature of New Primary Owner

Date (MM/DD/YYYY) _____
Signature of New Primary Owner

The Insurer has acknowledged and recorded the above Ownership Transfer.

Date (MM/DD/YYYY) _____
Authorized Signature _____
Title

