



*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 acknowledgement 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 until 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) –**

**Living Trust** \_\_\_\_\_ *Name of Trust (Copy of Trust must be provided)* \_\_\_\_\_ *Tax Identification No.*

Dated     /    /     \_\_\_\_\_ of  
 (MM/DD/YYYY) *Name of Trustee*

\_\_\_\_\_, Trustee or Successor.  
*Full Address of Trustee* *City* *State* *Zip code +4*

**Individual(s)** \_\_\_\_\_ *Full Name* \_\_\_\_\_ *Date of Birth (MM/DD/YYYY)* \_\_\_\_\_ *Social Security No.*

\_\_\_\_\_  
*Full Address* *City* *State* *Zip code +4* ( ) *Phone No.*

**2. New Contingent Owner(s) –**

**Living Trust** \_\_\_\_\_ *Name of Trust (Copy of Trust must be provided)* \_\_\_\_\_ *Tax Identification No.*

Dated     /    /     \_\_\_\_\_ of  
 (MM/DD/YYYY) *Name of Trustee*

\_\_\_\_\_, Trustee or Successor.  
*Full Address of Trustee* *City* *State* *Zip code +4*

**Individual(s)** \_\_\_\_\_ *Full Name* \_\_\_\_\_ *Date of Birth (MM/DD/YYYY)* \_\_\_\_\_ *Social Security No.*

\_\_\_\_\_  
*Full Address* *City* *State* *Zip code +4* ( ) *Phone 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.

    /    /     \_\_\_\_\_  
*Date (MM/DD/YYYY)* *Signature of New Primary Owner*

    /    /     \_\_\_\_\_  
*Date (MM/DD/YYYY)* *Signature of Joint Owner*

The Insurer has acknowledged and recorded the above Ownership Transfer.

\_\_\_\_\_  
*Date (MM/DD/YYYY)* *Authorized Signature* \_\_\_\_\_ *Title*

