

Ownership/Payor Change Request

Place your cursor in the box to key in the required information. To move to the next box, press the 'Tab' button on your keyboard. When completed print and mail to:

Policy Service Department, P.O. Box 2549, Waco, Texas 76702-2549

Policy No. _____

Insured: _____

Last four digits of SS#: _____

Ownership Change - The owner hereby requests that all benefits, rights and privileges incident to ownership of the policy be vested in the new owner and, upon the prior death of the owner,

the named contingent owner

the Insured

the executor, administrators and assigns, or successors and assigns

of such new owner.

Only complete for new payor if different from owner:

New Owner: _____

New Payor: _____

Address: _____

Address: _____

SSN: _____

SSN: _____

Relationship to Insured: _____

Relationship to Insured: _____

Contingent Owner: _____

Address: _____

SSN: _____

Relationship to Insurer: _____

The owner expressly agrees that any change above will take effect as of the date this notice was signed, except as to any payment made by the Company before such change is recorded by the Company. The owner agrees that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require presentation, if desired.

Date: _____

Witness: _____ (signature) _____

Owner: _____ (signature) _____

Witness: _____ (signature) _____

New Owner: _____ **New Payor:** _____

(signature)

(signature)

Company Use:

The Company acknowledges receipt of this requested change but does not assume responsibility for its validity or legal effect or the rights and liabilities of any person.

(Date recorded by the Company) By: _____
(Officer)