



Colonial Penn Life Insurance Company - Policy Holder Services Dept, PO Box 1918, Carmel, IN 46082

**REQUEST FOR TRANSFER OF OWNERSHIP
INSTRUCTIONS**

- Before completing this form, please read it over carefully.
- Fill in the requested information where indicated.
- This form must be signed and dated by the Current Owner, New Owner and Witness(es).
- Check the box showing who will be paying the premiums and should receive the billing materials. If no box is checked, the New Owner will receive billing materials.

IMPORTANT: This transfer of ownership form does not automatically change the beneficiary. The new owner must submit a Change of Beneficiary form separately, if they wish to designate a new beneficiary.

Insured: _____ **Account # :** _____

Transfer of Ownership:

I, _____, The owner of Policy/Certificate # _____
Current Owner Account Number

Issued on the life of _____, Transfer ownership of said Policy/Certificate,
Name of Insured

Along with all my rights, title to, and interest in said Policy/Certificate to: _____
Name of New Owner

Address: Street City State Zip

It is expressly declared that the Company shall not be responsible for the sufficiency, validity, or legal effect of this or Any other transfer of ownership form.

Certified by:

Witness _____ Current Owner _____ Date _____

Witness _____ Spouse (if from Community Property State) _____ Date _____

Witness _____ New Owner _____ Date _____

Check one of the following:

- () The New Owner will be paying the premiums and should receive the billing materials.
- () The Current Payer will be paying the premiums and should receive the billing materials.

To be completed by the Company:

Recorded and filed at the Home Office of the Colonial Penn Life Insurance Company this

_____ day of _____, 20_____

Authorized Signature: _____

