

# Ownership Change Request Form



Established 1896

Innovation Is Our Policy

Fidelity Life Association  
P.O. Box 5030  
Des Plaines, IL 60017  
Tel 800-369-3990  
Fax 866-375-8175

Policy Number \_\_\_\_\_

Owner \_\_\_\_\_

Social Security Number of Owner \_\_\_\_\_

Insured \_\_\_\_\_

Phone Number of Owner \_\_\_\_\_  
(including area code)

**Ownership Change:** Check One:  Owner  Joint Owner

If new owner is an individual, is owner a United States citizen?  Yes  No

If NO, please provide:

Country of Origin: \_\_\_\_\_ Passport number and country of issuance: \_\_\_\_\_

Alien identification number of other number of government issued identification: \_\_\_\_\_ Country of Issuance: \_\_\_\_\_

\_\_\_\_\_  
Name of New Owner

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone Number of New Owner

\_\_\_\_\_  
Social Security/Tax I.D. Number  
Of New Owner

\_\_\_\_\_  
Date of Birth

- If multiple owners are being requested, only one mailing address and taxpayer ID or social security number will be recorded of billing purposes. However, please indicate any additional co-owner(s) in Special Instructions below.
- Assuming this form is in good order, the new ownership designation cancels all previous designations.
- The new address will replace the existing address on record for the owner only.
- Both of the existing owner(s) and the new owner(s) must sign in the Signatures section below.
- **Ownership change to a trust** – include the name and date of the trust, the trustee's name, and taxpayer ID number of the trust. The trustee must then also sign below in the Signatures section as the New Owner. Also the first page and the signature page of the trust agreement must be attached to this form.
- **Ownership change to a partnership** – all partners must sign including their title.
- A change of ownership may have tax consequences. The Company suggests you consult an attorney, accountant, or tax advisor for more information.

**Signatures:**

By signing below, the Owner(s) hereby certify that the information provided in this request is complete and accurate, and understand that this request will be processed according to the information provided. If there is any inconsistency between the language in this form and the policy, the policy language will apply.

|   |   |       |
|---|---|-------|
| _____                                       | <b>X</b> _____  | _____ |
| Name of Owner (current) (please print)      | Owner's Signature (current)<br>(if corporate, trust or partnership owned, note title<br>of officer, trustee or partner, respectively) | Date  |
| _____                                       | <b>X</b> _____  | _____ |
| Name of Joint Owner (if any) (please print) | Joint Owner's Signature (if any)  | Date  |
| _____                                       | <b>X</b> _____  | _____ |
| Name of New Owner (please print)            | New Owner's Signature   | Date  |
| _____                                       | <b>X</b> _____  | _____ |
| Name of Irrevocable Beneficiary (if any)    | Irrevocable Beneficiary's Signature (if any)  | Date  |

**\*\* Spousal Consent for Community Property States:** If the policy is a resident of AZ, CA, ID, LA, NV, NM, WA or WI, spousal consent is required unless the participant has no legal spouse. Please note, that without the spousal signature (if applicable), we will not be able to process the request.

\_\_\_\_\_  Policy owner has no legal spouse  
 \*\* Spousal Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**This form must be notarized or have a signature guarantee in order to be processed. Please complete one of the sections below.**

**Signature Guarantee Instructions**

You may have your signature guaranteed by one of the following:

- 1) A commercial bank, savings bank or credit union
- 2) A trust company, or;
- 3) A member of the national securities exchange (brokerage firm)

\_\_\_\_\_  
 Signature Guarantee Stamp \_\_\_\_\_ Date \_\_\_\_\_

**Notary Public**

Signed and sealed this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

|         |        |        |
|---------|--------|--------|
| _____   | _____  | (L.S.) |
| Witness | Owner* |        |

\_\_\_\_\_  
Address

\_\_\_\_\_  
\*\* Spouse Signature (if applicable)

\_\_\_\_\_  
Address

County of \_\_\_\_\_ }  
 State of \_\_\_\_\_ } S.S.

On the \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_ before me personally  
 appeared \_\_\_\_\_ to me known to be the  
 identical person \_\_\_\_\_ described in and who executed the above ownership change and acknowledged to me that the execution of same was  
 \_\_\_\_\_ free act and deed for the purpose therein specified.

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_, 20 \_\_\_\_\_.