

## INSTRUCTIONS REQUEST FOR CHANGE OF OWNERSHIP FORM

- **Faxes Will Not Be Accepted**
- **Do Not Send Policy with this Form**
- **Mail to Aurora National Life Assurance Co., PO Box 667, Jacksonville, IL 62651**

### **Instructions for Completing Change Of Ownership Form**

1. This form is not acceptable unless it is fully completed, dated, properly signed and submitted to the company within six months of signing the form. **Altered forms cannot be accepted. This includes erasures, corrections and the use of whiteout on the form.** If you need to make a change to a completed form, please contact us for another form.
2. All signatures must be in ink and written exactly as the name is given in the policy or assignment. In the case of name change, we require legal proof of the change such as Marriage Certificate, Divorce Decree, Drivers License, Social Security Card, Court Order or Federal ID card.
3. **If naming a Trust, please include the full name of the Trust, including the Date of the Trust, the Tax ID Number and a complete copy of the Trust.**
4. **Policies subject to Viatical / Life Settlement transaction** - Are you a viatical settlement provider, life settlement provider, the receiver or conservator of a viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider, or an individual or entity which invested in this policy as a viatical or life settlement? If so, please check the appropriate box on the Change of Ownership form.
5. A separate Change of Ownership form should be used for each policy.
6. **If policy is corporately owned**, an officer of the Corporation, **other than the insured**, must sign on behalf of the Corporation, indicating their corporate title. Please submit legal documentation listing the currently authorized signers for the company. This information should be on company letterhead or be a copy of the corporate minutes.
7. **If the owner's signature has changed over the years** and there is a chance that it will not match the signature we have on file, please have the signature notarized. That will assist us to process your request without delay.
8. **Spousal Signature Requirements**  
For the protection of both parties, if the owner resides in a Community Property State, we request that the owner's spouse join in signing and dating this form. If the owner resides in CA, ID, NV or WA the owner's spouse must sign and date the form and if there has been a dissolution of marriage through divorce or death, please provide us with a copy of the divorce decree or death certificate. **The divorce decree must clearly state to whom the policy was awarded.**
9. **Owner Designations:** be sure to provide the date of birth, address and signature for the new owner. **If you are naming a business as the new owner, please submit legal documentation listing the currently authorized signers for the company.** This information should be on company letterhead or be a copy of the corporate minutes.
10. **Effective Date of Change**, the revocation and change, upon being filed and recorded with the Company, will take effect as of the date the form was signed, unless the policy has been terminated, surrendered, or had a claim filed and/or processed against it before this revocation and change is received by the Company.

## REQUEST FOR CHANGE OF OWNERSHIP FORM

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Policy Number: \_\_\_\_\_ Insured: \_\_\_\_\_ Date: \_\_\_\_\_

I, (we) the Owner(s) of the aforementioned policy, hereby assign and transfer all rights, benefits, options, and privileges available under this policy while the Insured is living, including the right to change the beneficiary thereunder, cash surrender the policy or elect non-forfeiture options (if any) to the following named person, who shall be the Owner (Applicant) of the policy. Unless otherwise indicated, all joint ownerships will be with rights of survivorship. I declare that no proceeding in bankruptcy or insolvency is pending against me. I understand the Beneficiary Designation currently in effect is not changed by executing this Change of Ownership Form.

**IMPORTANT: If you are naming multiple Owners or Contingent Owners, or if more room is needed, please attach a separate page providing the information listed below, the policy number, the Policyowner(s) signature and date signed.**

<b>NEW PRIMARY OWNER(S)</b>			
PRINT FULL NAME/TRUST/TITLE		PERCENTAGE: 100%, 50%, etc.	
		TELEPHONE NUMBER	
MAILING ADDRESS, INCLUDING CITY, STATE, ZIP CODE			
SS NUMBER/TAX ID NUMBER	DATE OF BIRTH/DATE OF TRUST	RELATIONSHIP TO INSURED	
Policies subject to Viatical /Life Settlement transactions -Are you a viatical settlement provider, life settlement provider, the receiver or conservator of a viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider, or an individual or entity which invested in this policy as a viatical or life settlement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
PRINT FULL NAME/TRUST/TITLE		PERCENTAGE: 100%, 50%, etc.	
		TELEPHONE NUMBER	
MAILING ADDRESS, INCLUDING CITY, STATE, ZIP CODE			
SS NUMBER/TAX ID NUMBER	DATE OF BIRTH/DATE OF TRUST	RELATIONSHIP TO INSURED	
Policies subject to Viatical /Life Settlement transactions -Are you a viatical settlement provider, life settlement provider, the receiver or conservator of a viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider, or an individual or entity which invested in this policy as a viatical or life settlement?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>NEW CONTINGENT OWNER(S) Becomes Owner upon the death or disqualification of the primary owner</b>			
PRINT FULL NAME/TRUST/TITLE		PERCENTAGE: 100%, 50%, etc.	
		TELEPHONE NUMBER	
MAILING ADDRESS, INCLUDING CITY, STATE, ZIP CODE			
SS NUMBER/TAX ID NUMBER	DATE OF BIRTH/DATE OF TRUST	RELATIONSHIP TO INSURED	

PRINT FULL NAME/TRUST/TITLE		PERCENTAGE: 100%, 50%, etc.	
		TELEPHONE NUMBER	
MAILING ADDRESS, INCLUDING CITY, STATE, ZIP CODE			
SS NUMBER/TAX ID NUMBER	DATE OF BIRTH/DATE OF TRUST	RELATIONSHIP TO INSURED	

**IMPORTANT: Signatures are required on Page 2**

