



P.O. Box 2447
Thomasville, GA 31799-2447
877-777-8808
www.SeniorLifeInsuranceCompany.com

TRANSFER OF OWNERSHIP

POLICY INFORMATION			
Insured's Name		Policy Number	
Social Security Number	Phone Number	Email	
Address	City	State	Zip
CURRENT POLICYOWNER INFORMATION			
Policyowner's Name		Relationship to Insured	
Social Security Number	Phone Number	Email	
Address	City	State	Zip
NEW POLICYOWNER INFORMATION			
Policyowner's Name		Relationship to Insured	
Social Security Number	Phone Number	Email	
Address	City	State	Zip
SIGNATURES			
I hereby request the owner of the above listed policy be changed to the new Policyowner listed above. I understand that the benefits, rights, and privileges of the Policy will be vested in the new Policyowner, his/her executors, his/her administrators and assigns, or his/her successors and assigns.			
_____ (Current Policyowner's Signature)		_____ (New Policyowner's Signature)	
Sworn and subscribed before me the		day of	
Notary Public Signature		My commission expires	
NOTARY SEAL			



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CALIFORNIA FRAUD ENDORSEMENT

For your protection California law requires the following statement to appear on this form.

“Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

The coverage under the Policy to which this Endorsement is attached remains the same.