



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 | | | |
| <p>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.</p> | | | |
| _____ (Current Policyowner's Signature) | _____ (New Policyowner's Signature) | NOTARY SEAL | |
| Sworn and subscribed before me the | _____ | day of | |
| Notary Public Signature | My commission expires | | |