

**REQUEST FOR CHANGE OF OWNERSHIP
ACCIDENT OR SICKNESS POLICY**

Name: _____

Address: _____

Phone Number: _____

IMPORTANT: Complete and return this form to the Company. The Company will be on notice of the Change of Ownership when it receives this form at its Canadian Head Office properly completed and signed.

NOTE: The Beneficiary Designation of the policy is NOT affected by this form. Change of Beneficiary forms are available from the Company upon request.

FULL NAME OF INSURED	POLICY NUMBER	FORM NUMBER
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As a present Owner of the Insurance Policy indicated above, I would like to make the following change **(check one option below)**:

CHANGE OF OWNERSHIP — I do hereby irrevocably assign and transfer without any exception, limitation, or reservation whatsoever to the person indicated below all my right, title and interest in and to the Insurance Policy indicated above.

CHANGE OF CONTINGENT OWNERSHIP — I do hereby name the person indicated below as the Contingent Owner.

FULL NAME OF NEW OWNER/CONTINGENT OWNER MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> First Middle Last			NEW OWNER'S RELATIONSHIP TO INSURED* LEGAL GUARDIAN* <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> GRAND PARENT <input type="checkbox"/> PARENT <input type="checkbox"/> <small>*If guardian is your relationship, then court appointed documentation must accompany this application.</small>	
CONTACT INFORMATION Street Apt. # City Province Postal Code				
Telephone Number				

Dated at _____ this _____ day of _____ 20 _____

 Signature of New Policy Owner
 (in the presence of present policy owner)

 Signature of Present Owner

 Print Name of New Policy Owner

 Print Name of Present Owner

Upon receipt of this completed Change of Ownership form, a copy will be sent to the new Owner. If Contingent Owner is chosen, a copy shall be sent to that individual, in addition to the current Owner.

Combined Insurance Company of America / Compagnie d'assurance Combined d'Amérique
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 A Chubb Company