



Combined Insurance Company  
 Policyholder Service • Post Office Box 87208 • Chicago, IL 60680-0208 • www.combined.com

**CHANGE OF OWNERSHIP FORM**

The company shall not be charged with notice of the Ownership change until it receives this form, properly completed, at its Home Office. Please note that this form does not affect the beneficiary designation of the policy. Changes of Beneficiary forms are available from the Company.

POLICY NUMBER	FULL NAME OF INSURED (FIRST/MIDDLE/LAST)
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As present owner of the life insurance policy indicated above, I do hereby irrevocably assign and transfer, without an exception, limitation, or reservation whatsoever, to the person indicated below, all my right, title, and interest in and to the life insurance policy indicated above.

NEW OWNER	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MISS	<input type="checkbox"/> MS	(Please fill in ONE name only)
FIRST	MIDDLE			LAST	

STREET ADDRESS	CITY	STATE	ZIP	PHONE #
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Signed: month of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year

X \_\_\_\_\_  
 Signature of Witness (in the presence of the Policyholder)

X \_\_\_\_\_  
 Signature of Policyowner

X \_\_\_\_\_  
 Witness' Street Address

X \_\_\_\_\_  
 Signature of Policyowner's Spouse

X \_\_\_\_\_  
 Witness' City, State, Zip

\* Signature of Spouse REQUIRED  
 in California

<b>FOR Combined Insurance Company Home Office USE ONLY:</b> Policyowner change received on _____ BY: _____
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