



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 #	

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 Washington

FOR Combined Insurance Company Home Office USE ONLY: Policyowner change received on _____ BY: _____
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