

REQUEST FOR CHANGE OF OWNERSHIP LIFE POLICY

Name: _____

Address: _____

Phone Number: _____

This is in reply to your recent request for a Change of Ownership under your Life Insurance Policy,

IMPORTANT: Complete and return this form to the Company. 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 Life Insurance Policy indicated above, I do wish 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 Life 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					
CONTACT INFORMATION							
Street	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.

This change will become effective on the date it is received by Combined Insurance / Combined Assurances Canadian Head Office, at the following address:

Combined Insurance Company of America / Compagnie d'assurance Combined d'Amérique
Canadian Head Office / Siège social canadien : P.O. Box 3720, MIP, Markham (Ontario) L3R 0X5
Telephone / Téléphone : 1 888 234-4466
www.combined.ca

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