

# CHUBB®

## REQUEST FOR CHANGE OF OWNERSHIP PLATINUM TERM 10 TO AGE 85

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

This is in reply to your recent request for a Change of Ownership under your Platinum Term Life Insurance Policy, underwritten by Chubb Life Insurance Company of Canada/Chubb du Canada Compagnie d'Assurance-Vie.

**IMPORTANT:** Complete and return this form to our Administrator at Combined Insurance/Combined Assurances P.O. Box 3720, MIP, Markham (Ontario) L3R 0X5; Fax # 905-305-8600. We shall not be charged with notice of the Change of Ownership until we receive this form properly completed and signed.

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

<b>FULL NAME OF INSURED 1</b>	<b>POLICY NUMBER</b>	<b>FORM NUMBER</b>
<b>FULL NAME OF INSURED 2</b>		

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 rights, 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.

<b>FULL NAME OF NEW OWNER/CONTINGENT OWNER</b>	MR. <input type="checkbox"/>	MRS. <input type="checkbox"/>	MS. <input type="checkbox"/>	MISS <input type="checkbox"/>
First	Middle	Last		
<b>CONTACT INFORMATION OF NEW OWNER/CONTINGENT OWNER</b>				
Street	City	Province	Postal Code	
Telephone # _____				

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.**

Send this completed form to our Administrator at:  
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

A Chubb Company / Une compagnie de Chubb