



CHANGE OF OWNERSHIP FORM

In order to change the Ownership on this policy, please provide the information requested below. Sign, date and return the form in the envelope provided. The Ownership change requested only affects the Combined Life Insurance Company of New York insurance policy indicated below and no other policies you may own. We will send the new Owner a letter confirming the changes have been made to this policy. Please note that this form does not affect the Beneficiary Designation of the policy. Change of Beneficiary forms are available from the company.

BOX A
POLICY NUMBER: _____

BOX B

	FIRST	MIDDLE	LAST
FULL NAME OF INSURED: _____			
<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MS	<input type="checkbox"/> MISS
	FIRST	MIDDLE	LAST
FULL NAME OF OWNER (IF NOT INSURED): _____			
<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MS	<input type="checkbox"/> MISS

PLEASE READ THE FOLLOWING PARAGRAPH VERY CAREFULLY:

As present Owner of the Life Insurance policy indicated above, I do hereby irrevocably assign and transfer, without 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.

BOX C

NEW OWNER (FULL NAME) MR MRS MS MISS PRIMARY PHONE # LANDLINE MOBILE

ADDRESS (STREET/PO BOX / CITY / STATE / ZIP) DATE OF BIRTH SOCIAL SECURITY #

SIGNATURE OF CURRENT POLICYOWNER: _____ DATE: _____

*SIGNATURE OF POLICYOWNER'S SPOUSE: _____ DATE: _____

***Special Notice regarding Community Property:** Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin are community property states and Puerto Rico a community property territory. These laws may apply to this change request depending on your current marital status, marital status at the time of policy issuance, state where your policy was issued, residence state at time of issuance, and resident state(s) since issuance. Consult with your legal/tax advisor to determine if these laws apply to you and/or if you require a spousal signature on this form. **Combined Insurance disclaims any responsibility for determining the applicability of community property laws or the validity of the requested change.**

**SIGNATURE OF WITNESS (MA) _____ DATE: _____

****Special Notice regarding residents of Massachusetts:** State law requires that a disinterested adult who is not a party to the policy witness this request. If you reside in that state, this portion must be completed in order for this form to be accepted.