

**SENIOR LIFE INSURANCE COMPANY**

**P.O. Box 2447 • Thomasville, GA 31799**

**1-877-777-8808**

**A Georgia Stock Company • Executive Offices: Thomasville, Georgia**

**TRANSFER OF OWNERSHIP FORM**

POLICY # \_\_\_\_\_ INSURED \_\_\_\_\_

I hereby request the owner of the above listed policy be changed to the person named below. I understand that the benefits, rights and privileges of the policy will be vested in the new owner, his executors, his administrators and assigns, or his successors and assigns.

PRINT NAME OF NEW OWNER \_\_\_\_\_

ADDRESS OF NEW OWNER \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NEW OWNER

\_\_\_\_\_  
RELATIONSHIP TO INSURED

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
SIGNATURE OF PREVIOUS OWNER

\_\_\_\_\_  
RELATIONSHIP TO INSURED

\_\_\_\_\_  
SOCIAL SECURITY #

**NOTARY PUBLIC AREA**

Sworn and subscribed before me the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

My commission expires \_\_\_\_\_

**NOTARY SEAL**

**FOR HOME OFFICE USE**

The company has recorded the change requested and retained the original of the request for said ownership change.

By \_\_\_\_\_

Date \_\_\_\_\_