

CUSTOMER SERVICE REQUEST

Policy Number(s)	Insured	Owner (If other than Insured)

5. **Ownership Change**

Transfer ownership to:

Relationship: _____
 Address: _____
 Successor Owner: _____
 Relationship: _____

Change of ownership does not affect the present beneficiary change, see Change of Beneficiary, Form 3116. Unless otherwise specified, if more than one primary owner is named, ownership shall be jointly or in the survivors or survivor. Request for new Owner's Taxpayer Identification Number.

Social Security Number: _____ Employee Identification Number: _____

Certification - Under penalties of perjury, I certify that the number shown above is my correct taxpayer identification number. I have not been notified by I.R.S. that I am subject to withholding under Section 3406 (a)(1)(C) for underreporting:

The new Owner's Signature _____ Date _____

6. **Release of Assignment**

_____ Name of Assignee

For value received, the undersigned assignee hereby releases all right, title, and interest in this policy. Please sign below.

7. **Issue Certificate of Insurance**

This policy was lost or destroyed. I request the issuance of a certificate of insurance. Upon issuance of certificate of insurance, original policy shall be null and void. If original policy later found, it shall be surrendered to the company with claim. A complete duplicate policy will be issued **only** when accompanied by a check of \$10.00, and policy was issued in 1990 or later.

I certify that no bankruptcy proceedings, attachment, tax or other lien claim now pending against me, having priority over my rights in the contract.

Dated at: _____ on _____
 (city) (state) (month) (day) (year)

Witness _____
 Signature of Policyowner
 (If corporation, Executive Officer other than insured, include name and title)

Witness _____

Signature of Irrevocable Beneficiary (if any) _____
 Signature of Assignee (if any, name and title) _____

ENDORSED AT HOME OFFICE

Date ____/____/____