

Ownership Change Request Form



Working with you, for life[®]

Fidelity Life Association
P.O. Box 5030
Des Plaines, IL 60017
Tel 800.369.3990 Fax 866.947.8738

Policy Number: _____

Owner: _____

Owner's Social Security Number: _____

Insured: _____

Owner's Phone Number: _____
(including area code)

Ownership Change: Check: Owner

If new owner is an individual, is owner a United States citizen? Yes No

If NO, please provide:

Country of Origin: _____ Passport number and country of issuance: _____

Alien identification number of other number of government issued identification: _____ Country of Issuance: _____

Name of New Owner

Street Address

City

State

Zip

Daytime Phone Number of New Owner

Social Security/Tax I.D. Number
of New Owner

Date of Birth

- Assuming this form is in good order, the new ownership designation cancels all previous designations.
- The new address will replace the existing address on record for the owner only.
- Both of the existing owner(s) and the new owner(s) must sign in the Signatures section below.
- **Ownership change to a trust** – include the name and date of the trust, the trustee's name, and taxpayer ID number of the trust. The trustee must then also sign below in the Signatures section as the New Owner. Also the first page and the signature page of the trust agreement must be attached to this form.
- **Ownership change to a partnership** – all partners must sign including their title.
- A change of ownership may have tax consequences. The Company suggests you consult an attorney, accountant, or tax advisor for more information.

Secondary Address (if needed to receive duplicate copies of billing correspondence)

Secondary Addressee Name (please print)

Daytime Phone #

Secondary Addressee Address

City

State

Zip

