Ownership Change Request

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 Reason for Change Request: _____

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	Relationship to Insured	Email Address	
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

Signatures:
By signing below, the Owner(s) hereby certify that the information provided in this request is complete and accurate, and understand that this request will be processed according to the information provided. If there is any inconsistency between the language in this form and the policy, the policy language will apply.

_____	**X**_____	_____
Name of Owner (current) (please print)	Owner's Signature (current) (if corporate, trust or partnership owned, note title of officer, trustee or partner, respectively)	Date
_____	**X**_____	_____
Name of New Owner (please print)	New Owner's Signature	Date
_____	**X**_____	_____
Name of Irrevocable Beneficiary (if any)	Irrevocable Beneficiary's Signature (if any)	Date

**** Spousal Consent for Community Property States:** If the policy is a resident of AZ, CA, ID, LA, NV, NM, TX, WA or WI, spousal consent is required unless the participant has no legal spouse. Please note, that without the spousal signature (if applicable), we will not be able to process the request.

_____ _____ ☐ Policy owner has no legal spouse

** Spousal Signature (if applicable) Date

This form must be notarized or have a signature guarantee in order to be processed. Please complete one of the sections below.

Signature Guarantee Instructions
You may have your signature guaranteed by one of the following:

1) A commercial bank, savings bank or credit union
2) A trust company, or;
3) A member of the national securities exchange (brokerage firm)

_____ _____

Signature Guarantee Stamp Date

Notary Public

Signed and sealed this _____ Day of _____, 20 _____.

_____ (L.S.)

Witness Owner*

_____

Address

_____

** Spouse Signature (if applicable)

_____

Address

County of _____

S.S.

State of _____

On the _____ Day of _____, 20 _____ before me personally appeared

_____ to me known to be the identical

person _____ described in and who executed the above ownership change and acknowledged to me that the execution of

same was _____ free act and deed for the purpose therein specified.

_____

Notary Public

My commission expires on _____, 20 _____.