

Change of Ownership Form

Instructions

Please fill out this form to request a change in policy ownership. **Do not complete the Change of Ownership section for a change of name only.**

Complete the Request for Change of Ownership form by listing the full given name for each person being named. Indicate their address, Social Security number, date of birth, and relationship to the insured person. Sign and date the form where required, and obtain signatures of all additional parties, as outlined below.

Signature Requirements

1. **The Current Policy Owner.** The insured is usually the policy owner, but ownership may be vested wholly or partially in:
 - a) Another person, whose signature is required. If there are two or more persons currently named as co-owners, all current owners must sign.
 - b) A Corporation. The signature and title of an authorized officer, other than the insured, is required, and an attestation by the Secretary of the Corporation that the person signing on behalf of the Corporation has the authority to do so, must be provided. In addition, a copy of the Articles of Incorporation and the most recent Board Resolution must be provided to show the officers/owners with the authority to make the ownership change.
 - c) A Partnership. All general partners must sign and a copy of the Partnership Agreement must be submitted.
 - d) A Trust. All trustees must sign and submit the trust agreement declaration page.
 - e) An Estate. All estate representatives must sign on the Signature of Estate Representative line and provide appropriate estate paperwork naming the person signing as the current owner's estate representative.
2. **Absolute Assignee.** If the policy is currently absolutely assigned, the signature of the assignee is required.
3. **Spouse.** Special community property requirements apply if the policy was issued in or the current policy owner resides, or has ever lived in, Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, or Puerto Rico. If a policy was issued in a community property state (or jurisdiction), the spouse at the time of issue, if any, must sign the change form. In case of any divorce during the life of the policy, a copy of the current policy owner's entire divorce decree, including the full property settlement, must be submitted (or every ex-spouse during the life of the contract must sign the change form). In case of a deceased spouse, a copy of the death certificate must be submitted. If the policy owner currently resides in or has resided in a community property state (or jurisdiction) while the policy has been in force, the current spouse and every spouse of the policy owner during these periods, if any, must sign the change form.
4. **Government-Issued ID.** Please provide a copy of an active Government-Issued ID for both the current owner and the new owner.
5. **Minors.** A minor cannot be listed as an Owner until they reach the Age of Majority for their state.

This form is only effective once American Fidelity has approved it. When completed, this request is recorded and is in substitution of all previous designations. A copy of the Request for Change of Ownership form will be sent to you for your records.

If you have any questions about your insurance policy or certificate, or about your request for a change in ownership, please call us at 1-800-662-1113.

Policy #: _____ Insured: _____

Current Owner Name: _____ Current Owner Social Security #: _____

Current Co-Owner Name: _____ Current Co-Owner Social Security #: _____

Request for Change of Ownership Please print

New Owner	
Full Name: (first, middle initial, last, suffix)	
Date of Birth: (MM-DD-YYYY)	Social Security Number:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Insured:
Resident Address: (Number and Street, City, State, Zip - Not a P.O. Box)	
Mailing Address: (If different than Resident Address)	
New Contingent Owner	
Full Name: (first, middle initial, last, suffix)	
Date of Birth: (MM-DD-YYYY)	Social Security Number:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Insured:
Resident Address: (Number and Street, City, State, Zip - Not a P.O. Box)	
Mailing Address: (If different than Resident Address)	

***NOTE: If the policy owner is other than the named Insured, a contingent owner is suggested, such as the Insured, to prevent any delays in exercising the benefits of the policy due to the death of the owner.**

I(We), the current owner(s) of the referenced numbered policy, hereby request that the ownership of this policy be changed to the person shown above as the new owner. The new owner will be the absolute owner of this policy (subject to the rights of any prior assignee) during his or her lifetime.

At the death of an owner, ownership of this policy will pass to the contingent owner while living, if any; then to the Executors, Administrators or Assigns of the most recent owner's estate.

It is understood that this request for change of ownership will replace all previous requests and will take effect on the date recorded by the company, as indicated below. If co-ownership is requested, please provide all of the above requested information on the co-owner and the percentage ownership of each party.

Person Responsible for Payment (If different from new owner) Please print

We will automatically change the person responsible for payment to be the new owner listed above unless otherwise indicated below. If you'd like the person responsible for payment to differ from the new owner, please complete the following:

Full Name: (first, middle initial, last, suffix)	
Date of Birth: (MM-DD-YYYY)	Social Security Number:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Insured:
Resident Address: (Number and Street, City, State, Zip - Not a P.O. Box)	
Mailing Address: (If different than Resident Address)	

Signed at (City) _____, (State) _____ on (Date) _____, 20 _____

Signature of Current Owner: _____

Signature of Owner's Spouse, if Community Property State: _____

Signature of Current Co-Owner (if applicable): _____

Signature of Co-Owner's Spouse (if applicable) if Community Property State: _____

Signature of Estate Representative (if applicable): _____

Please return pages 2 and 3 of this form to process your request.

Please return this form to:

Email: wg-acctadmin-life@americanfidelity.com

Mail: American Fidelity | P.O. Box 25523 | Oklahoma City, OK 73125

FOR HOME OFFICE USE ONLY - The foregoing request has been recorded at the Home Office of American Fidelity Assurance Company, Oklahoma City, Oklahoma.

Date _____ Approved By _____