

Instructions for Change of Ownership

Please use the attached form to request a change in ownership. **Do not complete the Change of Ownership section for a change of name only.**

This request, when completed, is recorded and is in substitution of all previous designations. If the policy has joint ownership, all owners must sign any form submitted.

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 Policyowner.** The insured is usually the policyowner, but ownership may be vested wholly or partially in:
 - a) Another person, whose signature is required. If there are two or more persons named as co-owners, all owners must sign.
 - b) A Corporation. The signature and title of an authorized officer, other than the insured, is required, with the corporate seal affixed over it. 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 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 a copy of the complete Trust Agreement must be submitted.
2. **Absolute Assignee.** If the policy is absolutely assigned, the signature of the assignee is required.
3. **Spouse.** Special community property requirements apply if the policy was issued in or the policyowner resides in one of these states (or jurisdictions): Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, and 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 a divorce, a copy of the policyowner's entire divorce decree must be submitted (or the ex-spouse must sign the change form). In case of a deceased spouse, a copy of the death certificate must be submitted. When the policyowner currently resides in a community property state (or jurisdiction), the policyowner's current spouse, if any, must sign the change form.
4. **Juvenile policy.** Most juvenile policies contain an Ownership or Control of Policy provision designating the person who must sign if the insured is a minor and at what age the ownership transfers to the insured. The person or persons controlling the policy must sign the change form.
5. **Witness.** The witness must be over the age of 18 and not be listed as an owner on the change form.

Upon approval by American Fidelity, 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 beneficiary or ownership, please call us at 1-800-437-1011, option 4.

Sincerely,

Customer Service Department
Association Worksite Division

POLICY # _____

INSURED _____

CURRENT OWNER _____
(If other than Insured)

SOCIAL SECURITY # _____



Association Worksite Division
PO BOX 25640
Oklahoma City, OK 73125
PHONE 800-437-1011
FAX 405-416-2130
www.americanfidelity.com

REQUEST FOR CHANGE OF OWNERSHIP Please print

	FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SEX	MARITAL STATUS	NAME OF SPOUSE
		DATE OF BIRTH			
		SSN			
NEW OWNER(S)			Male	Married	
			Female	Divorced	
				Single	
			Male	Married	
			Female	Divorced	
				Single	
CONTINGENT OWNER (see Note*)			Male	Married	
			Female	Divorced	
				Single	

***NOTE: If the policyowner 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(s). If two or more owners or contingent owners are proposed, the owner will be the designated persons jointly or survivor, unless otherwise specified.**

I(We), the current owner(s) of the referenced numbered policy, hereby request that the ownership of this policy be changed to the person(s) shown above as the new owner(s). The new owner(s) will be the absolute owner(s) 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 co-owner while living; if any, then to the contingent owner while living, if any; then to the Executors, Administrators or Assigns of the most recent owner.

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.

Signed at _____ on _____ 20 _____
City State Date

Witness-print and sign name

Signature of Current Owner

Witness-print and sign name

Signature of Spouse of Current Owner, if Community Property State

Witness-print and sign name

Signature of New Owner

Witness-print and sign name

Signature of Spouse of New Owner, if Community Property State

Witness-print and sign name

Signature of Contingent Owner

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