## Ownership Change Request Form



Established 1896

## Innovation is Our Policy

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:		
Ownership Change: Check One: Owner	Joint Owner		
If new owner is an individual, is owner a United States citizen?	☐ Yes ☐ No		
If NO, please provide:  Country of Origin: Passport n	umber and country of issuance:		
Alien identification number of other number of government issu	ed 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 B	irth
• If multiple owners are being requested, only one mailing as However, please indicate any additional co-owner(s) in Spe		mber will be rec	orded of billing purposes.
• Assuming this form is in good order, the new ownership de	esignation 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 si	gn in the Signatures section below.		
• Ownership change to a trust – include the name and date must then also sign below in the Signatures section as the N attached to this form.			
• Ownership change to a partnership – all partners must si	gn including their title.		
<ul> <li>A change of ownership may have tax consequences. The Cinformation.</li> </ul>	Company suggests you consult an attorney,	accountant, or ta	x advisor for more
Secondary Address (if needed to receive duplicate copies of bil	ling correspondence)		
Secondary Addressee Name (please print)	Daytime Phone #		
Secondary Addressee Address	City	State	Zip

<b>Signatures:</b> By signing below, the Owner(s) hereby certify that the	information provided in this request is complete an	d accurate, and understand that this request
will be processed according to the information provide language will apply.	d. If there is any inconsistency between the language	ge in this form and the policy, the policy
	X	
Name of Owner (current) (please print)	Owner's Signature (current) (if corporate, trust or partnership owned, note of officer, trustee or partner, respectively)	Date
	X	<del></del>
Name of Joint Owner (if any) (please print)		Date
Name of New Owner (please print)	XNew Owner's Signature	Date
Name of Irrevocable Beneficiary (if any)	X Irrevocable Beneficiary's Signature (if any)	 Date
** Spousal Consent for Community Property States required unless the participant has no legal spouse. Ple request.		
		Policy owner has no legal spouse
** Spousal Signature (if applicable)	Date	
This form must be notarized or have a	signature in order to be processed. Please compl	ete one of the sections below.
Signature Guarantee Instructions  You may have your signature guaranteed by one of the  1) A commercial bank, savings bank or credit u  2) A trust company, or;  3) A member of the national securities exchang	nion	
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		
		to me known to be the identical
person described in	and who executed the above ownership change and	d acknowledged to me that the execution of
same was free act and deed for the purpos	e therein specified.	
	Notary Public	
My commission expires on	, 20	
, commodon expires on		