

REQUEST FOR TRANSFER OF OWNERSHIP (ABSOLUTE ASSIGNMENT OF POLICY)

Policy No. _____ Insured _____

The Policy Owner wants to transfer the ownership of the policy to _____
_____, the New Owner.

The New Owner's address is:

_____ .
Box or Street Number City State Zip

The Policy Owner assigns to the New Owner all rights and interests in the policy which include, but are not limited to, money due now or in the future, benefits accrued now or in the future and the right to change the beneficiary or to surrender the policy. All the rights and interests of the New Owner may be exercised without notice to, or the consent of, the Policy Owner. The Policy Owner releases Texas Life Insurance Company from any liability for any action it takes while relying on this assignment.

This assignment is binding on the Policy Owner's heirs, executors, administrators and assigns.

Dated at _____ this _____ day of _____ , _____ .
City State Day Month Year

Witness Signature of Policy Owner

Witness Signature of Joint Policy Owner

Witness Signature of New Owner

IMPORTANT – Must complete to transfer ownership:

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

This space for Home Office use only

Date Recorded BY _____
Associate Director of Insurance Services

Processed by _____

DO NOT SEND POLICY

To be completed in DUPLICATE and both copies returned to the Company.
Forms cannot be accepted which contain corrections or erasures.