

**CHANGE OF OWNERSHIP FORM
LIFE INSURANCE**

(Please print all information clearly)



Certificate No.: _____

Insured's Information:

Name: _____ SSN: _____
Street Address: _____ Email Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Present Owner's Information:

Name: _____ SSN: _____
Street Address: _____ Email Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

I, _____, am a member of KJZT Family Life, and am the owner of the above noted certificate and I hereby irrevocably assign all right of ownership to:

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE (A/C) _____
SSN _____ **DOB** _____

I certify that I have made true and complete answers to all of the questions contained in this application for a change of ownership.

SIGNATURE OF PRESENT OWNER

WITNESS

(must be at least 18 years or older, not related, or named beneficiary)

WITNESS ADDRESS

SIGNATURE - STATE OFFICE