

## Section A: Requirements and Instructions

*Please read all instructions completely. The following information must be provided on the Transfer of Ownership Request Form attached on pages 1-3 of this document or the form will be rejected and returned for completion. Faxed forms will be accepted.*

**Please read carefully for Additional Forms that may be required:**

- Current and New Owners' signatures and dates **are required** for all ownership transfers and/or changes.
- If the Policy has an assignment, the signature of assignee(s) will be required.
- Not all policies allow joint or multiple owners. Please verify whether the policy allows joint or multiple owners before submitting a change.
- If a trust (either revocable or irrevocable) is being named as the Owner, the signature must include wording similar to the following: "John Doe, trustee under XYZ Trust dated \_ - \_ ". Please note that if naming a trust as the Owner, you must include the trust date (see example below); also include the **Trust Certification Form** and the first page and signature page of the Trust.
- If naming a corporation, partnership or institutional body as the Owner, please include the **Entity Certification form** or a certified Corporate Resolution.
- If the Owner dies and the Estate becomes the owner, Representatives, Legal Heirs, or the Executor (Executrix) of Estate should sign in their capacity as such (ex: John Doe, personal representative for the Estate of \_\_\_\_\_);
  - a Death Certificate and applicable Court Order (Letters Testamentary/Letters of Administration with raised court seal) should be included for a deceased owner.
- Guardian or Conservator or Agent acting under Power of Attorney - the guardian, conservator or agent under a Power of Attorney (whichever applies) must sign in his/her capacity and on behalf of the Owner (example John Doe, Agent, under XYZ's Power of Attorney). Certified copies of the letters of guardianship/conservatorship and the court order that authorizes the ownership change or a complete copy of the Power of Attorney document (if applicable) must also be submitted.
- Community property states - Unless we have been notified of a community or marital property interest in this policy, we will assume that none exists and will take no responsibility for determining if one exists.
- For a change of Trustee only, do not use this Form. Submit a **Trust Certification Form**, along with documentation that demonstrates the resignation/removal/death of the named Trustee, and replacement with the new Trustee.
- When a funeral home is named the owner there is a possibility that the proceeds for the policy may exceed the cost of the funeral. The funeral home may not be obligated to refund the remainder of the proceeds.

**Please Note:** Any Authorized Third Parties and/or Third Party Investment Advisors associated with former Owner(s) will be removed once the policy is transferred to the New Owner. New paperwork must be included with the New Owner's signature(s) directing us to recognize any previously authorized Third Party interests.

**Incomplete or illegible forms will be rejected and returned for clarification and any request made on such forms will not be processed. Alterations must be initialed and dated by both Current and New Owners.**

### Sample Ownerships

**TRUST:**  
Jane Doe Trust, dated mm/dd/yyyy  
(MUST include the Trust Certification Form)  
Trustee must sign in his/her capacity (example John Doe, TTEE)

**CORPORATION:**  
ABC Co., Inc.

**PARTNERSHIP:**  
Jackson/Smith Company

# Transfer of Ownership Request Form

## Section 1: Policy Information

Policy Number \_\_\_\_\_ Insured \_\_\_\_\_

## Section 2: Current Owner Information (must list all current and joint owners if applicable)

Owner (Print) \_\_\_\_\_ Joint Owner \_\_\_\_\_

Additional Joint Owners \_\_\_\_\_

## Section 3: New Owner Information

**\*\*Please Note: This form does not change the beneficiary of the Policy.**

New Owner (print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F Social Security # or Tax ID # \_\_\_\_\_

Address: Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Email address (print) \_\_\_\_\_

The New Owner is a \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Trust \_\_\_\_\_ Other

**\*\*Please note: Entity Certification Form and/or Trust Certification Form is required in addition to this form, please see Section A: Requirements/Instructions**

## Section 4: New Joint Owner Information (complete only if applicable and allowed by policy)

Unless the policy indicates otherwise, ownership by co-Owners will be as joint tenants with rights of survivorship. This means that if one of the Owners dies, his/her ownership share goes to the remaining Owner(s) equally. If you would like a different type of ownership structure, you **must** list it after the ownership designation below.

New Joint Owner (print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F Social Security # or Tax ID # \_\_\_\_\_

Address: Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Email address (print) \_\_\_\_\_

The New Joint Owner is a \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Trust \_\_\_\_\_ Other

**\*\*Please note: Entity Certification Form and/or Trust Certification Form is required in addition to this form, please see Section A: requirements/instructions**

# Transfer of Ownership Request Form

## Section 5: New Contingent Owner Information (complete only if applicable)

Ownership will transfer to the contingent owner upon death of all current owners. **If no contingent owner is named your estate will become the owner unless otherwise stated in your policy.** If the Owner and Insured is the same person, a Contingent Owner is not applicable.

New Contingent Owner (print) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender    M    F Social Security # or Tax ID # \_\_\_\_\_  
Address: Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

The Contingent Joint Owner is a    Corporation    Partnership    Trust    Other  
**\*\*Please note: Entity Certification Form or Trust Certification Form is required in addition to this form, please see requirements/instructions**

## Section 6: Signatures (Date is a required field)

- All Current Owners must sign this Transfer of Ownership Request.
- If there is more than one Current Owner, provide additional signatures of the Current Owner(s) in section 7 of this form.
- If the Policy is collaterally assigned, each Collateral Assignee must sign this form in section 7.

If this form is recorded by the Company, such recording does not mean that the Company has passed on the legal adequacy or validity of the ownership transfer. Changes will be effective on the date this form is received in good order by the Company and accepted in our administrative office, unless the Policy states otherwise.


In consideration of the above, it is hereby agreed that all rights, title and interests in the Policy is transferred to the Owner(s) identified herein. When recorded by the Company, this Transfer of Ownership Request revokes any and all previous Owner and Contingent Owner designations for the Policy.

Current Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
\*Current Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
New Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
\*New Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
\*Contingent Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Complete only if applicable **Please note: Additional signature lines are available in section 7 if needed**

A confirmation of the change will be mailed to the Current and New Owners' address of record, unless each selects the email option below. If there is more than one Current Owner or New Owner, designate one email address.

By selecting the email option below, I understand that confirmation will not be sent out in paper form.

    I would like confirmation of this change, or any questions related to the requested change, securely emailed to me at the email address provided

Monumental Life Insurance Company  
Stonebridge Life Insurance Company  
Transamerica Life Insurance Company  
Western Reserve Life Assurance Co. of Ohio  
Fax Number (866) 592-4535  
Administrative Office located at: 4333 Edgewood Rd. NE, Cedar Rapids, IA 52499

# Transfer of Ownership Request Form

**Section 7: Additional Current Owner(s) Signatures (complete only if applicable, Date is a required field)**

Signature of Assignee (if any): \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date \_\_\_\_\_

Current Owner (print) \_\_\_\_\_

**Current Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Current Owner (print) \_\_\_\_\_

**Current Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Current Owner (print) \_\_\_\_\_

**Current Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section 8: Additional Information for New Owners (if naming more than one joint owner)**

New Owner (print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_M\_\_\_F Social Security # or Tax ID # \_\_\_\_\_

Address: Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**New Owner Signature** \_\_\_\_\_

The New Owner is a \_\_\_\_\_ Corporation \_\_\_ Partnership \_\_\_\_\_ Trust \_\_\_\_\_ Other  
**\*\*Please note: Entity Certification Form or Trust Certification Form is required in addition to this form, please see requirements/instructions**

New Owner (print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_M\_\_\_F Social Security # or Tax ID # \_\_\_\_\_

Address: Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**New Owner Signature** \_\_\_\_\_

The New Owner is a \_\_\_\_\_ Corporation \_\_\_ Partnership \_\_\_\_\_ Trust \_\_\_\_\_ Other  
**\*\*Please note: Entity Certification Form or Trust Certification Form is required in addition to this form, please see requirements/instructions**