

**United Farm Family Life Insurance Company  
Ownership Change**

Insured: \_\_\_\_\_ Policy Number(s): \_\_\_\_\_

I (we) hereby transfer all right, title and interest in above policy subject to the conditions and provisions of the policy, to:

**NEW** Policyowner(s) Name \_\_\_\_\_

MULTIPLE OWNERS WILL OWN JOINTLY, WITH RIGHTS OF SURVIVORSHIP, UNLESS OTHERWISE STATED

**Designation of a New Owner will VOID any previously named Contingent Owner designations unless restated on this form.**

Contingent Owner(s) (If Desired) \_\_\_\_\_

Contingent **Owner(s) Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of **CURRENT** Policyowner(s)

**X** \_\_\_\_\_  
Signature of **CURRENT** Policyowner(s)

**X** \_\_\_\_\_  
Signature of **AGENT** as **WITNESS**

**X** \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Agent

\_\_\_\_\_  
Signature of **WITNESS**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of WITNESS

**I, THE NEW OWNER NAMED FOR THIS POLICY, HEREBY REPRESENT UNDER PENALTIES OF PERJURY, THE SOCIAL SECURITY NUMBER PROVIDED IS TRUE, CORRECT AND COMPLETE AND THAT I  AM  AM NOT SUBJECT TO BACKUP WITHHOLDING UNDER THE PROVISIONS OF 3406 (A) (1) (C) OF THE INTERNAL REVENUE CODE. (This section MUST be completed.)**

**Will the Insured or Policyowner receive any payment in connection with this Ownership Change?**  Yes  No

**X** \_\_\_\_\_  
**NEW** Policyowner's Signature

**X** \_\_\_\_\_  
**NEW** Policyowner's Signature

Relationship to the Insured: \_\_\_\_\_

**NEW** Policyowner's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NEW** Policyowner's Social Security Number \_\_\_\_\_ and/or Taxpayer Identification No. \_\_\_\_\_

**Effective Date of Ownership Change:** Upon receipt at the Home Office, the change will be effective as of the date signed whether or not the insured is living on the day of receipt, subject to any payment or action taken by the Company before receipt of the change of ownership form.

**INSTRUCTIONS WHEN THE OWNER IS DECEASED**

When the owner of a life insurance policy dies, we must determine if any changes are necessary regarding the ownership of that policy. If there is joint ownership of the policy, and the remaining owners are still alive, or if there is a contingent owner, ownership of the policy is simply passed on to these individuals.

If there is just one owner of a life insurance policy, and that owner dies, the Estate of the deceased becomes the new owner of the contract. In order to transfer ownership from the estate to another entity, the following is required:

- 1.) Copy of the death certificate
- 2.) Copy of 1 item listed below
  - A) **Letters Testamentary** – legal document also known as “Letters of Administration” or “Order Appointing Personal Representative”, naming the person who has the authority to deal with the decedent's property
  - B) **Small Estate Affidavit** – If permitted in the deceased owner's state of residence, Affidavit in Lieu of Administration completed by person claiming to be the new owner. It must be notarized
- 3.) A properly completed Ownership Change Form, signed by the Executor or Legally appointed representative as “current” owner