

Request for Change of Ownership

Instructions to the policy owner:

1. Fill out this form completely. Please print clearly.
2. Obtain signatures in ink.
If you are married and live in a state that has community property laws, the form must be signed by your spouse. A witness, who must be someone other than the insured, one of the new owners or yourself must also sign.
3. If the owner of the policy is deceased and there is no contingent owner, the executor or administrator of the deceased owner's estate needs to sign the form. If no one has been appointed by the court to handle the estate, please have the deceased owner's next of kin sign the form.
4. Please complete Payment Method Change section if there is a change in how premiums are to be paid.
5. Mail both copies of the form to Colonial Life & Accident Insurance Company, PO Box 1365, Columbia, SC 29202.

Policy Number _____ **Insured** _____ **Present Owner** _____

Colonial Life & Accident Insurance Company is hereby requested to amend the above Policy so as to provide that, during the lifetime of the Insured, the right to change the beneficiary and all other rights, benefits, options, and privileges conferred by the Policy and any rights conferred by a rider attached to the Policy or allowed by the Company, including the right to assign and the right to receive endowment proceeds, if any belong exclusively to:

New Owner _____ DOB ___/___/____ Social Security Number _____

Relationship _____

Street Address _____ City _____ State _____ Zip _____

First Contingent Owner _____ DOB ___/___/____ Social Security Number _____

Relationship _____

Street Address _____ City _____ State _____ Zip _____

Second Contingent Owner _____ DOB ___/___/____ Social Security Number _____

Relationship _____

Street Address _____ City _____ State _____ Zip _____

Provided, however, upon the death of the above named person(s), if other than the Insured, the interest of such person(s) shall pass to the Insured, unless otherwise provided herein.

This request shall not constitute any change of beneficiary or settlement agreement and the interest of the above named person shall be subject to the interest of any creditor beneficiary, any assignee of record with the Company and any beneficiary with respect to whom the right to change the beneficiary has not been reserved.

Acceptance of this request by Colonial Life & Accident Insurance Company shall constitute an amendment of the policy.

Community Property Release (Required only in states with community property laws: AZ, CA, HI, ID, LA, NV, NM, TX, WA, and WI.)

By signing below, you, the spouse/former spouse, agree to the change indicated above.

Signature of spouse _____ Date (MM/DD/YYYY) _____

Payment Method Change (Complete this section only if there is a change in how premiums will be paid.)

Please deduct premiums from my checking account.

Your checking account will be drafted monthly for your premium payments. Please attach a voided check and indicate which day of the month you would like the account to be drafted. The Checking account owner's signature is required.

Signature of checking account owner: _____ Day of month account should be drafted _____

Please bill me directly. Choose one of the following:

Quarterly (Submit a payment three times your monthly premium).

Semi-annually (Submit a payment six times your monthly premium).

Annually (Submit a payment 12 times your monthly premium).

Payroll deduction (a payroll deduction card must be completed).

Signature of Present Policy Owner _____ Date ___/___/____ Telephone No. _____

Signature of New Policy Owner _____ Date ___/___/____ Telephone No. _____

Signature of Witness _____ Date ___/___/____ Telephone No. _____

For Home Office Use Only

Endorsed on _____ Colonial Life & Accident Insurance Co. by _____