

CHANGE OF OWNER

POLICY #: _____

DATE: ____/____/____

CURRENT OWNER ON POLICY

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: ____-____-____ D.O.B: ____/____/____

NEW OWNER TO BE UPDATED ON POLICY

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: ____-____-____ D.O.B: ____/____/____

Current Certificate Owners Name *(please print)*

Current Certificate Owners Signature

New Certificate Owners Name *(please print)*

New Certificate Owners Signature

Witness Name *(please print)* *Non-Beneficiary*

Witness Signature

Notary Section – Complete Only if Required by KSKJ Life

Current Certificate Owner's Signature

New Certificate Owner's Signature

If required, notarize here.
When using an embossed seal, please shade with a pencil before faxing.

Notary Public Signature

Date

My Commission Expires