



REQUEST FOR CHANGE OF OWNER

I, _____, the Owner under Policy #: _____ issued by Family Guardian Insurance Company, Ltd on the life of _____,

After consideration of the acceptance of this request by Family Guardian Insurance Company, Ltd, hereby release any interest I may have in this insurance contract and request the ownership hereunder be changed to:

Name: _____

Relationship to Insured: _____

Address: _____

Family Guardian Insurance Company, Ltd is hereby further authorized to recognize any request or acquittance on the part of the New Owner above designated as fully and freely as it could deal with the undersigned had this request for change not been executed.

It is hereby declared that the undersigned is the Owner of the said Policy and of all the rights and privileges incident thereto; that there has been no assignment of interest or any port thereof; and that no proceedings in bankruptcy or insolvency have been filed or are pending against the undersigned Owner.

Dated at: _____ **this** _____ **day of** _____, 20 _____

Witness

Signature of Owner

Address of Witness: _____

Witness

Signature of New Owner

Address of Witness: _____

FOR OFFICE USE ONLY

The foregoing CHANGE OF OWNERSHIP is added to and made part of the said Policy as of the date of execution above.

Signature

Title

Date

NOTE: Please complete in duplicate submitting both copies to the Home Office for approval, after which one copy will be returned to be attached to the policy.

Completed form should be sent along with a valid Identification to: fgcustomercare@familyguardian.com