

OWNERSHIP CHANGE FORM

Mail completed form to:
Banner Life Insurance Company
1701 Research Boulevard
Rockville, Maryland 20850
1-800-638-8428



Insured: _____

Policy Number: _____

I. Instructions:

1. A separate request must be completed for each policy.
2. Please print (in black ink) or type all information except signatures.
3. Remit the completed form to the address listed above.

II. Please complete your request below:

I elect to change the Policy Owner:

Current Owner Name _____

New Owner Name _____

New Owner Address _____

City/State _____ Zip _____

Telephone Number _____

Email Address _____

New Owner Social Security Number

III. Required Signatures:

Signature of **Current** Policy Owner (Required)

Date

Signature of **New** Policy Owner (Required)

Date

Additional Signature of **Current** Policy Owner Spouse ** (if necessary)

Date

** The following states require a spousal signature if you are currently married or were married at the time of the purchase: AZ, CA, ID, LA, NV, NM, TX, WA, WI and Puerto Rico. If the spouse is deceased, please enclose a copy of the death certificate. If divorced, please enclose a copy of the divorce decree.