



CHANGE OF OWNERSHIP
Life Insurance

The Insured _____ Date _____
Address _____ Certificate No. _____
City, State, Zip _____
Phone (A/C) _____ Date of Birth _____
Society No. _____ Social Security No. _____
Insurance Amount: \$ _____
Plan of Life Insurance _____

Present Owner _____
Address _____
City, State, Zip _____

I, _____ am a member of KJZT Family Life and am the owner of the above noted certificate and I hereby irrevocably assign all rights of ownership to:

Name _____
Address _____
City, State, Zip _____
Phone (A/C) _____
SSN _____ DOB _____

I certify that I have made true and complete answers to all of the questions contained in his Application For Change of Ownership.

Signature of Owner _____ Printed Name _____
Signature of Witness _____ Printed Name _____
Address _____
Signature of State Officer _____ Printed Name _____