



Underwritten by Trustmark Insurance Company

PO Box 7937  
Lake Forest IL 60045-7937

**Phone:** (800) 225-3859  
**Fax:** (847) 615-4943  
**Hours:** Monday – Thursday 7:00am to 7:00pm CST  
Friday 7:00am to 6:00pm CST  
**Email:** CustomerCare@ulaflac.com  
**Website:** www.Aflacgroupinsurance.com

**CHANGE OF OWNERSHIP FORM**

Please print or type except where signatures are requested.

Policy Number: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Owner's Address (including City, State, Zip Code): \_\_\_\_\_

Owner's Phone Number: ( ) \_\_\_\_\_

As current owner of this policy, I absolutely assign all of my rights of ownership in the policy to the new owner listed below. This request shall not change the beneficiary on record or mode of payment as a death benefit. If a change of beneficiary is desired, the new owner must also complete a "Change of Beneficiary" form.

New Owner Name: \_\_\_\_\_

New Owner Social Security Number: \_\_\_\_\_

New Owner Date of Birth: \_\_\_\_\_

New Owner Address: \_\_\_\_\_

New Owner City, State, Zip Code: \_\_\_\_\_

New Owner Telephone Number: ( ) \_\_\_\_\_

**IF THE NEW OWNER IS ALSO THE INSURED DO NOT COMPLETE THE FOLLOWING CONTINGENT OWNER SECTION**

Contingent Owner Name: \_\_\_\_\_

Contingent Owner Social Security Number: \_\_\_\_\_

Contingent Owner Date of Birth: \_\_\_\_\_

Contingent Owner Address: \_\_\_\_\_

Contingent Owner City, State, Zip Code: \_\_\_\_\_

Contingent Owner Telephone Number: ( ) \_\_\_\_\_

I (we) request that all transactions marked above be completed by Aflac and I (we) expressly warrant that all persons signing below are of legal age. The changes requested in the form will not become effective until approved by Aflac.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
City and State

Name of Current Owner(s): \_\_\_\_\_

Signature of Current Owner(s): \_\_\_\_\_

Signature of New Owner(s): \_\_\_\_\_

Signature of New Contingent Owner(s): \_\_\_\_\_

Underwritten by Trustmark Insurance Company  
Trustmark Life Insurance Company of New York