



American Life & Security Corp.

Administrative Office

PO Box 717 * Frankfort, KY 40602-0717
Phone: 877.758.9333 Fax: 502.875.7084

OWNERSHIP CHANGE FORM

Policy Number:

POLICY NUMBER 1	POLICY NUMBER 2	POLICY NUMBER 3	POLICY NUMBER 4

Insured's Full Name: _____

I/We _____

the owner(s) of the Policy as numbered above issued on the life of the person as named above hereby relinquish all incidents of ownership in said policy and direct the Company to designate the new primary owner as listed below:

Name of the **NEW PRIMARY** owner: _____

Social Security Number of the new owner: _____

Address of new owner: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

New owner's Day time phone: () : _____ Home Cell Work

Email address of new owner: _____

In the event of the death of the new PRIMARY owner, I wish to designate a Contingent owner to be:

Name of the **Contingent** owner: _____

Social Security Number of the contingent owner: _____

Address of contingent owner: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

Contingent owner's Day time phone: () : _____ Home Cell Work

Email address of contingent owner: _____

X _____
Signature of **Original** Owner #1

X _____
Signature of **Original** Owner #2

Subscribed and sworn before me this ____ day of _____, ____.

County of: _____
State of: _____

My commission expires on _____

Notary Public

HOME OFFICE USE ONLY

This change in ownership of policy has been recorded by the
Company at its Administrative this ____ day of _____, ____.

By: _____