



COURT TRANSFER REQUEST

All policy owners associated with the individual requesting a court transfer must sign this form. This form must be completed to change courts for the following Catholic Order of Foresters (COF) contract(s).

INSURED

INSURED'S FIRST NAME	LAST NAME	CURRENT COURT NUMBER	
POLICY NUMBER(S)		DATE OF BIRTH	LAST 4 SSN
HOME STREET ADDRESS	CITY	STATE	ZIP

TRANSFER REQUEST

This is a request to transfer from local court number _____ to local court number _____.
 Upon completion of the transfer, I/we understand the above-named individual will be assigned to the new court.

OWNER AUTHORIZATION

I/We authorize Catholic Order of Foresters to change the court for the above-named individual on all the policies I/we own.

POLICY NUMBER	POLICY OWNER 1 NAME	POLICY OWNER 1 SIGNATURE	DATE
POLICY OWNER 1 MAILING ADDRESS (Street, City, State, ZIP)			PHONE
POLICY NUMBER	POLICY OWNER 2 NAME	POLICY OWNER 2 SIGNATURE	DATE
POLICY OWNER 2 MAILING ADDRESS (Street, City, State, ZIP)			PHONE
POLICY NUMBER	POLICY OWNER 3 NAME	POLICY OWNER 3 SIGNATURE	DATE
POLICY OWNER 3 MAILING ADDRESS (Street, City, State, ZIP)			PHONE

HOME OFFICE CONFIRMATION

The requested change has been recorded and is effective.	AUTHORIZED OFFICER	DATE
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