



TRANSFER OF OWNERSHIP

Policy Number	Insured Name
---------------	--------------

POLICY OWNER/S DESIGNATION:

- ☐ **Option 1: Designate one New Owner** – Complete Section A. The named Transferee will be the New Owner.
(Life Insurance and Annuities)
New Owner is: ☐ an Individual ☐ a Trust with Trustees
- ☐ **Option 2: Designate one New Contingent Owner** – Complete Section B. The named Contingent Owner/Transferee will be the New Contingent Owner. *(Life Insurance Only)*
New Contingent Owner is: ☐ an Individual ☐ a Trust with Trustees
- ☐ **Option 3: Designate one New Owner and one Contingent Owner** – Complete Sections A and B.
(Life Insurance Only)
New Owner is: ☐ an Individual ☐ a Trust with Trustees
New Contingent Owner is: ☐ an Individual ☐ a Trust with Trustees
- ☐ **Option 4: Designate multiple Owners as Joint Tenants with rights of survivorship** – Complete Section D. *(Options 1, 2 and 3 are not available with Option 4. – Life Insurance Only)*

SECTION A: NEW OWNER/TRANSFeree

New Owner / Transferee or Trust Name <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (if applicable)	SSN / Employer ID #	Phone (include area code)
Trustee Names if a Trust (Please provide copy of trust)		Federal Tax ID #	Phone (include area code)
Street Address	City	State	Zip
New Owner Signature (All Trustees must sign when a Trust is named the New Owner)			Date

☐ Unless checked and Section C is completed, the New Owner/Transferee will be the Payor.

SECTION B: CONTINGENT OWNER/TRANSFeree

Contingent Owner / Transferee or Trust Name <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (if applicable)	SSN / Employer ID #	Phone (include area code)
Trustee Names if a Trust (Please provide copy of trust)		Federal Tax ID #	Phone (include area code)
Street Address	City	State	Zip
Contingent Owner Signature (All Trustees must sign when a Trust is named the Contingent Owner)			Date

SECTION C: PAYOR

Payor (Full Legal Name) <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (if applicable)	SSN / Employer ID #	Phone (include area code)
Street Address	City	State	Zip



TRANSFER OF OWNERSHIP

Policy Number	Insured Name
---------------	--------------

SECTION D: TRANSFER TO MULTIPLE OWNERS AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP

Each Joint Tenant New Owner receives an equal amount. Joint Tenant New Owner 1 receives all correspondence.

Joint Tenant New Owner 1 (Full Legal Name) <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (if applicable)	SSN/Employer ID #	Phone (include area code)
Street Address	City	State	Zip
Joint Tenant New Owner 2 (Full Legal Name) <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (if applicable)	SSN / Employer ID #	Phone (include area code)
Street Address	City	State	Zip

Joint Tenant New Owner 1 Signature / Date	Joint Tenant New Owner 2 Signature / Date
---	---

☐ Unless checked and Section C is completed, the Joint Tenant New Owner 1 will be the Payor.

CURRENT OWNER AUTHORIZATION

If I have elected either Option 1, 3 or 4, I, the undersigned Current Owner of the named Catholic Order of Foresters (COF) policy, sells, assigns, and transfers to the above listed "New Owner(s)" or "Joint Tenant New Owner(s)" all my rights, title, and interest in this policy. In the event I have selected Option 2 and named a Contingent Owner, the Contingent Owner shall have no rights, in said policy, unless the Owner is deceased.

Current Owner _____
Print Full Legal Name

Signature _____
Current Owner Date

INSURER'S CONSENT (Completed by the Home Office)

Catholic Order of Foresters consents to the above transactions.

Catholic Order of Foresters will attach this consent to the named policy issued by Catholic Order of Foresters.

Signature _____
Authorized Officer Date