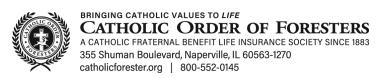


TRANSFER OF OWNERSHIP

Policy Number	Insured Name	Insured Name						
POLICY OWNER/S DESIGNATION:								
☐ Option 1: Designate one New Owner – Complete (Life Insurance and Annuities) New Owner is: ☐ an Individual ☐			will be the	e New Owner.				
□ Option 2: Designate one New Contingent Owner – Complete Section B. The named Contingent Owner/Transferee will be the New Contingent Owner. (<i>Life Insurance Only</i>) 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 To Section D. (Options 1, 2 and 3 are not as	_							
SECTION A: NEW OWNER/TRANSFEREE								
New Owner / Transferee or Trust Name	Birth Date (if applicable)	SSN / Employer ID #		Phone (include area code)				
Trustee Names if a Trust (Please provide copy of trust)	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 No		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	Birth Date (if applicable)	SSN / Employer ID # Phone (include		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 name	Date							
SECTION C: PAYOR	Dial Date (Control	100N/5 : "	D.#	Dhana (incl. do o o				
Payor (Full Legal Name)	Birth Date (if applicable)	SSN / Employer II		Phone (include area code)				
Street Address	City		State	Zip				



TRANSFER OF OWNERSHIP

cy Number Insured Nar			nd Name					
SECTION D: TRANSFER TO MULTIPLE O	WNERS AS	S JOINT TENAN	ITS WITH R	GHTS C	F SURVIVORSHIP			
Each Joint Tenant New Owner receives an equ	ual amount.	Joint Tenant Nev	v Owner 1 re	ceives all	correspondence.			
Joint Tenant New Owner 1 (Full Legal Name)	3 Female Birth	th Date (if applicable) SSN/Employ		D#	Phone (include area code)			
Street Address	City			State	Zip			
Joint Tenant New Owner 2 (Full Legal Name)	Female Birth	Date (if applicable)	SSN / Employer	ID#	Phone (include area code)			
Street Address	City		<u> </u>	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								
SignatureCurrent Owner		Date	9					
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	e					