



# COURT MEMBERSHIP 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
Email				Phone	

## 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 Signature	Date
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