



Change of Ownership Form

 FAX this direction	Fax this form: 1-877-828-9430 Or mail: P.O. Box 1365, Columbia, SC 29202	From: _____	Number of pages: _____
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Insured's name:	First: _____	Middle initial: _____	Last: _____
SSN: _____	DOB: ____/____/____	Telephone: _____	Email: _____
Address: _____		City: _____	State: _____ ZIP: _____
Policy number(s): _____			

NEW POLICY OWNER	Colonial Life & Accident Insurance Company is hereby requested to amend the above policy(ies) so as to provide that, during the lifetime of the insured, the right to change the beneficiary and all other rights, benefits, options and privileges conferred by the policy and any rights conferred by a rider attached to the policy or allowed by the company, including the right to assign and the right to receive endowment proceeds, if any, belong exclusively to:				
First:	_____	Middle initial:	_____	Last:	_____
SSN: _____	DOB: ____/____/____	Telephone: _____	Email: _____		
Address: _____		City: _____	State: _____	ZIP: _____	

CONTINGENT POLICY OWNER	At the death of the new policy owner listed above, the ownership of this policy will transfer to the contingent policy owner listed. If a contingent policy owner is not assigned, ownership of this policy transfers to the estate of the deceased policy owner.				
First:	_____	Middle initial:	_____	Last:	_____
SSN: _____	DOB: ____/____/____	Telephone: _____	Email: _____		
Address: _____		City: _____	State: _____	ZIP: _____	

Payment Method Change (Complete this section ONLY if there is a change in how premiums will be paid.)		
<input type="checkbox"/> Deduct monthly premiums from NEW policy owner account Attach a voided check and select one range of days you would like your account to be drafted. Your draft will occur on one of the dates within the range. <input type="checkbox"/> 1st-5th <input type="checkbox"/> 6th-10th <input type="checkbox"/> 11th-15th <input type="checkbox"/> 16th-20th <input type="checkbox"/> 21st-26th _____ Signature of checking account owner	OR	<input type="checkbox"/> Bill NEW policy owner directly Choose one of the following: <input type="checkbox"/> Quarterly <i>Submit a payment 3 times your monthly premium</i> <input type="checkbox"/> Semi-annually <i>Submit a payment 6 times your monthly premium</i> <input type="checkbox"/> Annually <i>Submit a payment 12 times your monthly premium</i>
<input type="checkbox"/> Change to payroll deductions Employer/company name: _____ Billing control or account number: _____ Contact your plan administrator to start payroll deduction.		

SIGNATURES REQUIRED	If the current owner is deceased or the owner is the estate of the deceased, the legal representative of the prior/deceased owner's estate needs to sign the form as present policy owner and provide a copy of the death certificate and letters of administration or court order appointing personal representative or small estate affidavit. If an estate has not been established for the deceased owner, please contact your attorney or the probate court in the county where the deceased resided to determine what steps may need to be taken to establish legal representation for the estate. The ownership change requested by this form, if effective and consistent with policy terms, will apply to all policy numbers listed.
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Signature of PRESENT policy owner: _____		Date (MM/DD/YYYY): _____	
Print present policy owner's name: _____	DOB: ____/____/____	SSN: _____	
Address: _____		City: _____	State: _____ ZIP: _____
Telephone: _____	Email: _____		

Signature of NEW policy owner: _____		Date (MM/DD/YYYY): _____	
Print new policy owner name: _____			

Special Notice for Residents of a Community Property State: A spouse or former spouse may have an interest in life insurance proceeds or any accumulated cash value if the policy premiums were paid with community funds. It is your responsibility to consult your legal advisor to 1) ensure that any required consent from a spouse or former spouse has been received and 2) ensure that your spouse or former spouse will not be able to make a claim against any policy values and/or proceeds in the event any policy benefits become payable.