Federal Life Insurance Company

PO Box 147 • Lincolnshire, Illinois 60069
(800) 233-3750 • www.federallife.com

CHANGE OF OWNERSHIP OR CONTINGENT OWNERSHIP

1. CURRENT OWNER INFORMATION (Please print)

Contract Number _____ Insured or Annuitant _____

Current Owner(s) Name

Address City State Zip Code Daytime Phone

2. NEW OWNER INFORMATION (Please print) Select one: ☐ Owner ☐ Contingent Owner

New Owner Social Security or Tax ID Number

Address City State Zip Code Daytime Phone

Email Address

Is the new Owner a U.S. Citizen, U.S. Resident Alien, or U.S. entity? ☐ Yes ☐ No
If the New Owner is a trust:

Trustee Name(s): _____ Trust Date: _____

3. TERMS OF TRANSFER (For change of Ownership only - Please check one)

☐ No money, property, or services are being exchanged for this policy.

☐ This policy is being transfered in exchange for money, property, or services.

Please change the ownership for the policy listed above. I understand that the New Owner shall have the power to exercise all rights of ownership under this contract. I understand that this ownership change may have tax consequences. We recommend that you consult your tax advisor with any questions you may have prior to making this change of ownership.

Signature of Current Owner Date

Signature of Spouse of Current Owner Date

Spouse's signature required in the following states: AZ, CA, ID, LA, NV, NM, TX, WA, WI

Signature of New Owner Date

Acknowledgement Below Is For Home Office Use Only

Federal Life Insurance Company acknowledges receipt of this Change of Ownership or Contingent Change of Ownership and agrees to this request.

Company Representative Date

Clear Form