

CHANGE OF OWNERSHIP FORM- LIFE INSURANCE AND ANNUITIES

General Information-

This section is to be completed by the current owner

Insured Information

Policy/Certificate No: _____
Full Legal Name _____
Mailing Address _____

Social Security # _____
Date of Birth _____
Phone # _____
E-mail Address _____

Current Owner Information

Full Legal Name _____
Mailing Address _____

Social Security # _____
Date of Birth _____
Phone # _____
E-mail Address _____

New Owner Information

Full Legal Name _____
Mailing Address _____

Social Security # _____
Date of Birth _____
Phone # _____
E-mail Address _____

Incidents of ownership include the right to change the beneficiary, the right to further assign the Policy, the right to receive endowment proceeds or life income at maturity and all rights, benefits, privileges, and options of my Policy.

This Ownership Change is made subject to the provisions of the Policy, the Constitution and Laws of the Order and the laws governing Fraternal Benefit Societies of the State or Province where the Policy was issued. Indebtedness to the Order has priority over any Ownership Change.

This Ownership Change shall take effect as of the date the form was signed. But, the Order will not be responsible for any action taken under the Policy prior to the Ownership Change being received by the Home Office and approved.

5/2018

Note: IRS Form W-9 must be completed by New Owner and submitted with this form.

The potential for adverse tax consequences may exist when the insured, the beneficiary and the owner are all different. You may wish to consult with a tax advisor, attorney or a representative of the Internal Revenue Service for specific information.

Payor Information (If other than the new owner)

Full Legal Name _____
Mailing Address _____
Social Security # _____
Date of Birth _____
Phone # _____
E-mail Address _____

To be completed by the Current Owner-

By signing below, you the policy/certificate owner, certify that you have read this form and understand that it is subject to the terms and conditions of the policies/certificates listed. You also certify that the policies/certificates are not assigned to any person or corporation, except as noted on this request, and that no proceedings of bankruptcy or insolvency have been filed or currently pending against you.

Current Owner Name (Printed) _____

Current Owner Signature _____ Date _____

To be completed by the New Owner-

By signing below, you certify that the information provided is complete and accurate as shown. You also certify that you have read, understand and agree with the information provided.

I certify:

New Owner Name (Printed) _____

New Owner Signature _____ Date _____

IN WITNESS WHEREOF I have hereunto set my hand and seal this
day of _____ 20__

STATE OF PROVINCE OF COUNTY OF

On _____, 20__ before me, the undersigned, personally appeared personally known to me or proved to me on the basis of satisfactory evidence to me to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/ they executed the same in his/her/ their capacity(ies), and that by his/her/ their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individuals) acted, executed the instrument

(Signature and office of individual taking acknowledgement)

My commission expires:

5/2018

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Signature Requirements

Owner	Signature Required
Individual	Signature of Policy Owner
Power of Attorney	Signature of "POA" with Title. We require a copy of the POA document to be on file with Royal Arcanum. If the "POA" is greater than 5 years old, we require an affidavit to accompany the request.
Conservator or Guardian	Signature of Conservator or Guardian with title. We require letter of conservatorship or letter of Guardianship of the Estate to be on file with Royal Arcanum.

CONTACT US:

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Phone: 1-888-Arcanum(888-272-2686)
www.royalarcanum.com

5/2018

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