TEXASLIFE INSURANCE

Policy No.:

REQUEST FOR TRANSFER OF OWNERSHIP (ABSOLUTE ASSIGNMENT OF POLICY)

INSTRUCTIONS: Do not use this form in a case where owner is deceased.

Use this form to name a new Absolute Assignee (Owner). An Absolute Assignee is entitled to exercise all ownership rights and receive the death benefit. Complete this form in its entirety to avoid any delays in processing.

Insured:

New Owner's Name:			
Social Security No or Ta	x ID No:	Date of Birth: _	
Mailing Address:	Box Number or Street Address	Telepho	one Number
	City	State	Zip
cy. All the rights and interest Policy Owner releases Texas L pinding on the Policy Owner's	efits accrued now or in the future and the right to chats of the New Owner may be exercised without notice life from any liability for any action it takes while rely heirs, executors, administrators and assigns. facsimile copy of my signature shall be as valid as an URRENT OWNER (S)	to, or the consent of, the ving on this assignment.	Policy Owner. The
Signature:		iddle / Last)	
G			
Signed at City:	Print Name (First / M State:)ate:	Date
Signed at City:	Print Name (First / M State: I Print Name (First / M	oate:iddle / Last)	Date
➤ Witness Signature: ➤ Signature:	Print Name (First / M State: D Print Name (First / M Print Name (First / M	oate:iddle / Last)	Date

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TO BE COMPLETED BY NEW OWNER (S)

Substitute Form W-9 - Request for Taxpayer Identification Number

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number, and;
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and;

(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)

- 3. I am a U.S. Citizen or other U.S. person, and;
- 4. I am not subject to Foreign Account Tax Compliance Act (FATCA) reporting because I am a U.S. person and the account is located within the United States.

(If you are not a U.S. Citizen or other U.S. person, for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature:	Print Name (First / Middle / Last)	
Social Security or Tax ID Number:	Date:	_
➤ Signature:	Print Name (First / Middle / Last)	
Social Security or Tax ID Number:	Date:	_
➤ Signature:	Print Name (First / Middle / Last)	
Social Security or Tax ID Number:	Date:	

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DO NOT SEND POLICY

Forms cannot be accepted which contain corrections or erasures.