Trustmark
Voluntary Benefit Solutions®
A Division of Trustmark Insurance Company
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Lake Forest IL 60045-7937

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Hours: Monday – Thursday 7:00am to 7:00pm CST
Friday 7:00am to 6:00pm CST
Email: CustomerCare@trustmarksolutions.com
Website: www.trustmarksolutions.com

CHANGE OF OWNERSHIP FORM

Please print or type except where signatures are requested.

Policy Number: _____

Insured's Name: _____

Owner's Address (including City, State, Zip Code): _____

Owner's Phone Number: ( ) _____

As current owner of this policy, I absolutely assign all of my rights of ownership in the policy to the new owner listed below. This request shall not change the beneficiary on record or mode of payment as a death benefit. If a change of beneficiary is desired, the new owner must also complete a "Change of Beneficiary" form.

New Owner Name: _____

New Owner Social Security Number: _____

New Owner Date of Birth: _____

New Owner Address: _____

New Owner City, State, Zip Code: _____

New Owner Telephone Number: ( ) _____

IF THE NEW OWNER IS ALSO THE INSURED DO NOT COMPLETE THE FOLLOWING CONTINGENT OWNER SECTION

Contingent Owner Name: _____

Contingent Owner Social Security Number: _____

Contingent Owner Date of Birth: _____

Contingent Owner Address: _____

Contingent Owner City, State, Zip Code: _____

Contingent Owner Telephone Number: ( ) _____

I (we) request that all transactions marked above be completed by Trustmark and I (we) expressly warrant that all persons signing below are of legal age. The changes requested in the form will not become effective until approved by Trustmark.

Dated at _____ this _____ day of _____ , 20_____
City and State

Name of Current Owner(s): _____

Signature of Current Owner(s): _____

Signature of New Owner(s): _____

Signature of New Contingent Owner(s): _____