



Guarantee Trust Life Insurance Co.

POLICY SERVICE FORM – OWNERSHIP

PLEASE PRINT

Insured: _____ Date: _____
Date of Birth: _____ Policy No.: _____
Social Security No.: _____ - _____ - _____

Owner: _____
Owner's Phone Number: (____) _____
Mailing Address of Owner: _____
Number and Street
City State Zip Code

Check box if this is a new address.

1) Ownership Change: Complete this to change the owner of the policy.
* Note: If the current Owner is deceased, please enclose a copy of the death certificate with this form.

New Owner's Name: _____ Social Security No.: _____ - _____ - _____
Address: _____
Number and Street
City State Zip Code
Date of Birth: _____ Social Security No.: _____ - _____ - _____

2) This section must be signed by the Policy Owner in order to process your request.

I agree this form is a request and authorization to change my current policy record.

Date: _____
Owner's signature: _____
New Owner's Signature (if applicable): _____

For Company Use Only:

The above request for change is acknowledged and has been completed by the Company. This acknowledgement applies only to the policy specified in the form.

Date Completed: _____ Policy No.: _____
Signature: _____