



Guarantee Trust Life Insurance Co.

POLICY SERVICE FORM – OWNERSHIP

PLEASE PRINT

Date: _____

Insured: _____

Policy No.: _____

Date of Birth: _____

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: _____