



Other than signatures,  
please print using black  
ink or can be typed.

**ABSOLUTE ASSIGNMENT OF LIFE INSURANCE POLICY\***  
**(CHANGE OF OWNERSHIP)**

**Section 1: BASIC POLICY INFORMATION**

Insured Name(s) \_\_\_\_\_ Policy Number \_\_\_\_\_

Current Policyowner Name (s) \_\_\_\_\_

**Section 2: ASSIGNMENT INFORMATION**

(Must Check one):  As a gift  For value received

I (we) transfer and assign all right, title and interest in the above referenced policy to the new owner listed below:

New Policyowner Name \_\_\_\_\_ Date of Birth (if individual) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_

Relationship to existing Owner \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

**Section 3: REQUEST FOR NEW POLICYOWNER'S TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

**Enter your Taxpayer (New Policyowner) Identification Number in the appropriate line below. For individuals, this is your Social Security Number (SSN).**

**Social Security Number** **Employer Identification Number**  
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Check appropriate box for federal tax Classification:  Individual/sole proprietor  C Corporation  S Corporation  Partnership  Trust/estate  
 Limited liability company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership): \_\_\_\_\_ Other: \_\_\_\_\_

Exemptions: Exempt payee code (if any): \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

**Certification:** Under the penalties of perjury, I certify that:  
 (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and  
 (2) I am not subject to backup withholding either 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  
 (3) I am a U.S. citizen or other U.S. person (including a U.S. resident alien), and  
 (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt form FATCA reporting is correct.

**Certification Instructions:** You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

**Policyowner: Your signature on this form is certification that the taxpayer identification number provided above is correct and complete.**

**CONDITIONS OF THIS ASSIGNMENT**

This Assignment is subject to any indebtedness to the Insurance Company on the policy.  
 This Assignment does not affect or change the beneficiary designation on file with the Insurance Company. Proceeds payable at death will be paid in accordance with such designation unless changed by the new Policyowner.  
 The Insurance Company assumes no responsibility for the use of any money by any trustee named herein and is released from all liability in making payments in accordance with the designation of any trustee.  
 The Insurance Company does not assume any responsibility for the validity of this Assignment. Any payment made or action taken by the Insurance Company prior to the filing of this Assignment at the Home Office of the Insurance Company shall be without prejudice to the Insurance Company.  
**This Assignment, when filed with the Insurance Company, shall become effective as of its date of execution.**

\* Whenever this form is used for an Annuity, references to Insured are understood to mean Annuitant, and references to policy are understood to mean contract.

**Section 4: CURRENT POLICYOWNER(S) SIGNATURE (If Corporate Owner, include the title of officer with authority to bind the Corporation. If Trust is Owner, affix the title "Trustee" following the signature of the trustee(s))**

Signature	Date	
Policyowner's Name (Print Name)		
Other Required Signatures		
Witness Signature		
Witness (Print Name)		
Witness Address		
City	State	Zip Code

**Section 5: NEW POLICYOWNER(S) SIGNATURE**

**If a corporation or business is being named as owner, include the title of an officer with authority to bind the corporation or business as outlined on a Business Entity Ownership Certification which is required in addition to this Absolute Assignment of Life Insurance Policy Form.**

**If a trust is being named as owner, include the title "Trustee" following the signature of the trustee(s) as outlined on a Trust Certification form which is required in addition to this Absolute Assignment of Life Insurance Policy Form.**

Signature	Date	
New Policyowner's Name (Print Name)		
Other Required Signatures		
Witness Signature		
Witness (Print Name)		
Witness Address		
City	State	Zip Code

**This Assignment, when filed by the Insurance Company, shall become effective as of its date of execution. Such filing will be acknowledged by a letter to the new Policyowner and shall constitute a waiver of any provisions of the Policy requiring endorsement thereon. Please keep a copy of this Assignment for the Policyowner's records.**

\* Whenever this form is used for an Annuity, references to Insured are understood to mean Annuitant, and references to policy are understood to mean contract.

# ABSOLUTE ASSIGNMENT GUIDE

## GENERAL INSTRUCTIONS/INFORMATION

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- A separate Absolute Assignment form must be used for each policy. **Important Note: This form does not change the beneficiary designation. A beneficiary change may be appropriate. If the new owner wishes to change the beneficiary on the referenced policy, complete and submit form 0012422XX.**
- Please type or print in black or blue ink. The original signed form is required.
- Cross outs are not acceptable

## Section 1: BASIC POLICY INFORMATION

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- Must complete in full.

## Section 2: ASSIGNMENT INFORMATION

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- **Assignment as a gift or for value received.** This must be indicated. Security Mutual cannot provide tax or legal advice. Policyowners are advised to seek advice regarding their particular circumstances from competent legal counsel.
- **New Policyowner Name.** Provide the full legal name of the new owner. If the policy is to be owned by a trust, include the following information: Name of Trust, date of Trust, and Trustee(s) name(s). If the policy is to be owned by a business or corporation, include the name and title of the authorized officer(s).
- **Address.** Provide the mailing address where future policy correspondence will be received.
- **Relationship.** State the new owner's relationship to the existing owner and Insured.

## Section 3: TAXPAYER IDENTIFICATION

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- Provide the taxpayer ID number for the new owner. If more than one owner is named, use initials to indicate which ID goes with each of the new owners.

## Sections 4 and 5: SIGNATURE REQUIREMENTS

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- **Policyowner(s) Signature(s) and Printed Name:** All **Current Policyowners** must sign and date Section 4. All **New Policyowners** must sign and date Section 5.

**If the Policy is currently owned by or will be owned by a business or corporation,** only an authorized officer may sign with his or her title after the signature. (The signing officer cannot be the Insured, unless the Insured had been given this authority by a Business Entity Ownership Certification or proper documentation is provided showing that the insured is the sole owner of the company.)

**Other Required Signatures:** These lines can be used for any of the following that may apply:

- **Spouse Signature:** This signature is only required if the Policyowner resides in or the Policy was issued in one of the following states with Community Property Laws: AZ, CA, ID, LA, NV, NM, TX, WA, WI.
- **Irrevocable Beneficiary Signature:** This signature is only required if the current beneficiary was named as an irrevocable beneficiary. Note that an "Irrevocable Trust" is not the same as an irrevocable beneficiary.
- **Collateral Assignee:** This signature is only required if the policy is currently collaterally assigned and the Assignee is continuing on the policy. An authorized representative signing for a financial institution or corporation must include their title.
- **Additional Policyowner and/or trustee signatures:** If the Other Required Signatures line is not needed by any of the above parties, any additional Policyowners or Trustees may utilize this space.

**Witness Signature:** The Policyowner's signature must be witnessed by a disinterested third party. A beneficiary cannot sign as a witness. The witness must include his or her signature and address.

## IMPORTANT INFORMATION

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**When a Policyowner is deceased:** Unless the owner named a contingent owner prior to his or her death, ownership or partial ownership automatically passes to the owner's estate. In order to transfer ownership out of the estate, the executor or administrator must sign the "Current Policyowner" Section including the title "executor" or "administrator" after the signature. Also, please submit a certified copy of the executor's appointment papers and a certified copy of the Death Certificate.

**When naming more than one new owner:** If you are considering naming more than one owner, please keep in mind:

- All of the owners must sign for the policy when making any future requests.
- Ownership is always shared equally.
- Personal information must be provided for each new owner.
- If a new owner is being added while the current owner is being maintained, the current owner should sign both as a Current Policyowner and as a New Policyowner.

**Trust as owner:** A valid trust document must be in existence prior to naming the trust as owner. If a Trust is to be the new owner, be sure to:

- Complete a Trust Certification form, available from our home office or on our company website.
- Note that some types of Trusts require that the Trust be the beneficiary of any policies they own. Policyowners are advised to seek advice regarding their particular circumstances from competent legal counsel.
- Provide the date of the trust agreement.

**Corporation or business as owner:** If a business or corporation is to be the new owner, be sure to complete a Business Entity Ownership form.

**Policies which are currently Collaterally Assigned:** If a Collateral Assignee is to stay attached to the policy, the Assignee must sign both the Current Policyowner and the New Policyowner Signature Sections. If the Collateral Assignment is to be released, the Assignee must complete a collateral release form dated prior to the Absolute Assignment.

There may be Tax implications as a result of transferring ownership. Consult your tax advisor prior to transferring ownership.