

CHANGE OF OWNERSHIP



Return completed form to:
State of Wisconsin
Office of the Commissioner of Insurance
State Life Insurance Fund
P.O. Box 7873
Madison, WI 53707-7873
(608) 266-0107
1-800-562-5558

Ref: Section 607.02, Wis. Stat.

INSTRUCTIONS: Complete information requested below. Date and sign in the presence of a witness. Forward to the above address.

I, _____, owner of policy number _____ on the life of _____ in the State Life Insurance Fund, exercise the right reserved to me in this policy, to change the ownership to:

_____, while living,
New Owner Name Date of Birth
thereafter to _____,
Contingent Owner Name Date of Birth

Ownership will pass to the insured at: Death of all prior owners Other _____

This provision is subject to revocation and change at the request of the owner and during the lifetime of the insured.

Signed at _____, _____, on _____.
(City) (State) (Date)

CURRENT OWNER:

Signature
Address
City, State, and Zip
Social Security Number

WITNESS:

Signature
Address
City, State, and Zip

I hereby accept the transfer of ownership on the above-listed policy number.

NEW OWNER:

Signature
Date
Address
City, State, and Zip
Social Security Number or TIN (If Trust or Entity Named)
Phone Number

WITNESS:

Signature
Date
Address
City, State, and Zip

For Fund Use Only

This change is made effective _____
(date)

Commissioner of Insurance