



# CHANGE OF OWNERSHIP ENDORSEMENT

1116 West Riverside Avenue, P.O. Box 1445, Spokane, WA 99210  
509-838-4235 800-541-5858 www.nclife.com

Policy No. \_\_\_\_\_ Insured \_\_\_\_\_ Owner \_\_\_\_\_

I request that all benefits, rights and privileges, incident to ownership of the policy be vested in the new owner named below, and the executors, administrators and assigns, or successors and assigns, of such new owner.

	Owner	Relationship to Insured
Name and Address of New Owner		

Social Security Number of New Owner \_\_\_\_\_

I direct that any amendment of the policy requested above be effected by return of a copy of this request with the Company's acknowledgment. I agree that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Present Owner

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of New Owner

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— FOR HOME OFFICE USE ONLY —  
ACKNOWLEDGMENT OF REQUEST FOR CHANGE — PLEASE ATTACH TO POLICY  
North Coast Life Insurance Company has recorded the Change requested and retained the original of the request.

\_\_\_\_\_  
Date Accepted

\_\_\_\_\_  
Secretary