Faxes Will Not Be Accepted
Do Not Send Policy with this Form
Mail to Aurora National Life Assurance Co., PO Box 4336, Clinton, IA 52733-4336

## Instructions for Completing Change Of Ownership Form

- 1. This form is not acceptable unless it is fully completed, dated, properly signed and submitted to the company within six months of signing the form. Altered forms cannot be accepted. This includes erasures, corrections and the use of whiteout on the form. If you need to make a change to a completed form, please contact us for another form.
- 2. All signatures must be in ink and written exactly as the name is given in the policy or assignment. In the case of name change, we require legal proof of the change such as Marriage Certificate, Divorce Decree, Drivers License, Social Security Card, Court Order or Federal ID card.
- 3. **If naming a Trust,** please include the full name of the Trust, including the Date of the Trust, the Tax ID Number and a complete copy of the Trust.
- 4. **Policies subject to Viatical / Life Settlement transaction -** Are you a viatical settlement provider, life settlement provider, the receiver or conservator of a viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider, or an individual or entity which invested in this policy as a viatical or life settlement? If so, please check the appropriate box on the Change of Ownerhip form.
- 5. A separate Change of Ownership form should be used for each policy.



## REQUEST FOR CHANGE OF OWNERSHIP FORM SIGNATURE PAGE

F	Policy Number In	sured	Date
	NEW PRIMARY OWNER SIGNATURE REQUIREMENTS		
	SIGNATURE OF NEW PRIMARY OWNER		DATE
	SIGNATURE OF NEW JOINT PRIMARY OWNER		DATE