

CHANGE OF POLICY OWNER

Name of Insured: _____ Date of Birth: _____

Address of Insured: _____

Policy/Certificate Number: _____ Type of Coverage: _____

Current Policy Owner: **Individual** **Corporation/Partnership**

Name: _____

Address: _____

Relationship to Insured: _____

Name of Corporate/Partnership Official: _____ Position: _____

New Policy Owner: **Individual** **Corporation/Partnership**

Name: _____

Address: _____

Relationship to Insured: _____

Reason for Change: _____

Name of Corporate/Partnership Official: _____ Position: _____

I/We assign/transfer our absolute rights and control of the above listed policy/certificate as the "Current Policy Owner" to the designated "New Policy Owner" along with any rights for benefits or value as set forth within the above listed policy/certificate.

Dated at _____ This _____ Day of _____ 20_____

Signature of Current Policy Owner: _____
or Policy Owner Official (as listed above): _____

I/We agree to the above listed assign/transfer of rights and control of the above listed Policy/Certificate:

Dated at _____ This _____ Day of _____ 20_____

Signature of New Policy Owner: _____

or Policy Owner Official (as listed above): _____

PO 07-01-2013

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