



ASSURED LIFE ASSOCIATION

PO BOX 3169 ENGLEWOOD, CO 80155

PHONE 303.792.9777 TOLL-FREE 800.777.9777 FAX 866.663.8560

WWW.ASSUREDLIFE.ORG

TRANSFER CONTROL OF CERTIFICATE

I, _____, the undersigned Owner of Certificate Number «Field17», transfer control of said Certificate to _____ (state name of new owner), as the new undersigned Owner. The new Owner shall have control of this certificate and may exercise all rights and privileges there under. If the undersigned Owner shall die while having control of this Certificate, such control and the rights to exercise all rights and privilege hereunder, shall pass to the Contingent Owner designated on this Amendment, or, if no such designation shall have been made, to the Insured if he or she has reached their 21st birthday, to the natural father, natural mother, or legally appointed guardian of the Insured, in the order named.

The Transfer Control of Certificate shall be effective on the date that it is filed with the Association.

Printed Name(s) of Current Owner(s) Signature(s) of Current Owner(s)

NEW OWNER

Printed Name and Address of New Owner Signature of New Owner
Phone Number
Social Security Number Date of Birth

CONTINGENT OWNER

Printed Name and Address of Contingent Owner Signature of Contingent Owner
Phone Number
Social Security Number Date of Birth

State of _____ County of _____

The foregoing document was acknowledged, subscribed and sworn to before me on: _____ in _____ (date)

WITNESS my hand and official seal.

(SEAL) Notary Public My commission expires: _____

do not write below this line
Filed with the company on: _____
Registered by: _____