

**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 21<sup>st</sup> 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 and Registered By: \_\_\_\_\_