Homesteaders Life Company
P.O. Box 1756, Des Moines, IA 50306-1756 • 800-477-3633

TRANSFER OF OWNERSHIP

Policy No. _____ Insured _____

For good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned current Policy Owner hereby sells, assigns, transfers and sets over unto: ***Please Print Carefully***

Name of New Policy Owner_____

Relationship to Insured _____

Address of New Policy Owner _____

_____

_____

Telephone No. of New Policy Owner _____

his, her, or their executors, administrators, successors or assigns, all the right, title, and interest now or at any other time held by the undersigned current Policy Owner in and to the above described policy/certificate issued, assumed, or reinsured by Homesteaders Life Company, including the right to receive dividends, to make loans, to surrender for cash or otherwise, to elect paid up or extended insurance, to change the beneficiary, and any other right granted to the Policy Owner or Insured by the terms of said policy/certificate, which rights may be exercised by the transferee without participation, consent or order of the undersigned current Policy Owner.

It is understood that if the policy/certificate to which this transfer is applicable is one originally issued on the life of an Insured other than the current Policy Owner, and contains a provision for waiver of premium in the event of the death or disability of the current Policy Owner, such waiver of premium benefit shall terminate when this transfer becomes effective.

This transfer is not made as security for payment of a debt, but is an absolute transfer of ownership.

This transfer of ownership shall not become effective until recorded at the Home Office of Homesteaders Life Company, but when so recorded it shall revert and take effect as of the date of execution of this instrument without prejudice to Homesteaders.

In witness whereof, the undersigned has executed this instrument at _____
City/State

_____	_____	_____
Witness Signature	Current Policy Owner's Signature	Date

Under penalties of perjury, I, the proposed new Policy Owner, certify that the information provided below is true, correct and complete.

_____ ☐ Check here if you are subject to backup withholding (Section 3406(a)(1))c)IRC)
New Policy Owner's SS or Tax ID Number

_____ _____
New Policy Owner's Signature Date

California Residents Only: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.