



1455 West Lake Street
 Minneapolis, MN 55408-2666
 (800) 945-8851
 www.sonsofnorway.com

Co-OWNERSHIP CONSENT FORM

We, the undersigned, co-owners of Sons of Norway Certificate No. _____, agree that the following terms and provisions will govern administration of said certificate:

- We agree that all co-owners must sign any document requesting transactions on this certificate including the partial or full surrender of the certificate, beneficiary or ownership changes; death benefit option or dividend option changes; and requests for loans under this certificate.
- We agree that if a co-owner pre-deceases the insured, full ownership will pass to the remaining owner(s) named in this document. Proof of death will be required.
- We further agree that _____ residing at _____, Social Security No. _____, is our representative for purposes of receiving periodic reports, letters, annual and other statements regarding the certificate.
- This consent form must be signed by all co-owners.

 Owner

 Date

 Owner

 Date

 Owner

 Date

 Owner

 Date