



**SONS OF
NORWAY**

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

CONTINGENT OWNERSHIP FORM

Certificate #: _____ Current Owner: _____

Insured: _____

Sons of Norway is hereby authorized to amend my certificate to designate the following
Contingent Owner:

- The insured under this Certificate if age 16 or above; or
- The individual named below:

Name *(please print)*

Relationship to the Insured

Social Security number

Upon my death the named Contingent Owner will assume all the rights of ownership.

I understand that this contingent ownership is not a beneficiary designation and does not affect the current beneficiary designation. I further understand that upon my death the contingent owner will then acquire all the rights of ownership including the right to designate a beneficiary.

I understand that I will retain the rights and privileges of ownership of this certificate and may change or abolish this contingent ownership designation without notice to the named contingent owner by submitting a signed request to the **Headquarters Office, 1455 West Lake Street, Minneapolis, MN 55408**. In the event that the above named contingent owner does not survive me, this contingent ownership designation shall then terminate.

Signature of Current Owner

Date

Signature of Witness

Date

Please return the signed, dated and witnessed form to the Headquarters Office.

Headquarters Acknowledgement

Name: _____

Date: _____