



SONS OF NORWAY

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APPLICATION FOR TRANSFER OF OWNERSHIP CERTIFICATE # _____

INFORMATION

INSURED:

PHONE NO.:

SOCIAL SECURITY NO.:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

CURRENT OWNER (IF DIFFERENT THAN INSURED):

PHONE NO.:

SOCIAL SECURITY NO.:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

NEW OWNER

NAME*:

PHONE NO.:

SOCIAL SECURITY NO.:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

DATE OF BIRTH:

RELATIONSHIP TO INSURED:

*(If a trust is named as the new owner please provide the name and date of the trust, whether the trust is revocable or irrevocable and the name of the trustee)

CONTINGENT OWNER

NAME*:

STREET ADDRESS:

PHONE NO.:

CITY:

SOCIAL SECURITY NO.:

STATE:

ZIP CODE:

DATE OF BIRTH:

RELATIONSHIP TO INSURED:

*(Naming a contingent owner will prevent any delays in exercising the benefits of the certificate in the event the primary owner died prior to the death of the insured)

This is an absolute assignment. Upon approval all the rights of ownership in the above certificate will transfer to the new owner. The transfer of ownership will not change any beneficiary designation or method of optional settlement previously elected.

The change of ownership will be effective the date the request is received at our Headquarters Office, subject to approval. The transfer of ownership is subject to any certificate loan and any collateral assignment on file in the Headquarters Office.

Sons of Norway assumes no responsibility as to the effect, sufficiency or validity of the above assignment.

Signature of New Owner

Dated at: City/State

Signature of Current Owner

Date

Date Filed at Headquarters Office of Sons of Norway

Authorized Signature & Title