

## **Instructions for requesting Change of Ownership:**

**The Policy Ownership Change Form should be completed by you, the policy owner, signed by you and the new owner and returned to our office. We cannot accept faxed forms.**

If the new owner will be a Trust, please include a complete copy of the Trust document. If a corporation owns the policy, the signature of two officers, including their titles, is required. The new owner must complete and sign the Request for Taxpayer Identification number and Certification form.

Once the complete forms are received, we will send a confirmation of the change.

# STATE MUTUAL INSURANCE COMPANY

PO BOX 11864  
WINSTON SALEM, NC 27116  
1-833-508-0404

## POLICY OWNERSHIP CHANGE FORM

Policy No.:	Insured:	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
		<input type="checkbox"/> Married	<input type="checkbox"/> Widow/Widower

### Current Owner Information:

Full Name:	Birth Date:	Social Security No.:
Mailing Address (City, State, Zip):		Telephone No.:

I, the present Owner of the above policy, hereby revoke any previous designation of Owner that is not yet in effect and designate as the Owner of this policy, in accordance with the provisions of the policy, the following:

### New Owner Information:

Full Name:	Birth Date:	Social Security No.:
Mailing Address (City, State, Zip):		
Telephone No.:( )	Relation to Insured:	<input type="checkbox"/> Single <input type="checkbox"/> Married

I understand that this change in ownership does not in any way affect the Beneficiary designations of the policy and that all of the current Owner's rights are passing to the new Owner.

Signature of Current Owner	Date	Current Owner's Name Printed
Signature of New Owner	Date	New Owner's Name Printed
Signature of Witness - An Unrelated Adult Person with no Interest in the Policy	Date	Witness' Name Printed
Additional Signature (if Required) SHOW TITLE IF SIGNED ON BEHALF OF CORPORATION		Additional Name Printed

**IMPORTANT: DO NOT** use correction fluid on this form. If you have made an error, mark through it and initial your change.

**ATTENTION:** If you live in a community property state, **and you have designated someone other than your spouse as owner, state law requires that your spouse consent to such designation.** If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective.

I, \_\_\_\_\_ do hereby consent to the foregoing owner change designation(s)  
(Spouse)  
\_\_\_\_\_  
(Signature of Spouse) Date \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Such person is known to me or has produced \_\_\_\_\_ as identification.

Notary Signature: \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_

Notary Public Commission No. \_\_\_\_\_

Seal

Serial Number, if any: \_\_\_\_\_

### Home Office Use:

Date Recorded \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**STATE MUTUAL INSURANCE COMPANY  
PO BOX 11864  
WINSTON SALEM, NORTH CAROLINA 27116  
OFFICE: 1-833-508-0404  
FAX: 1-336-759-3141**

**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

Policy Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_

New Policyowner Name: \_\_\_\_\_

Taxpayer Identification Number of New Owner: \_\_\_\_\_

Social Security Number Certification: Under penalties of perjury, I certify that:

1. The number shown in this letter is my correct taxpayer identification number (TIN) or I am awaiting for the number to be issued to me, and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person. (Including a U.S. Resident Alien)

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. However, you must provide your correct TIN.

By signing this Acknowledgement, I agree that the policyowner may make, and the Company may act on, the above request.

\_\_\_\_\_  
New Policyowner's Signature

\_\_\_\_\_  
Date