



SONS of NORWAY

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APPLICATION FOR TRANSFER OF OWNERSHIP

INFORMATION

Insured: _____ Street Address: _____

Social Security Number: _____ City/State/Zip Code: _____

Certificate Number: _____ Phone Number: _____ Birthdate: _____

Current Owner (If different than insured): _____ Street Address: _____

Social Security Number: _____ City/State/Zip Code: _____

Phone Number: _____ Birthdate: _____

NEW OWNER:

Name: _____ Street Address: _____

Social Security Number: _____ City/State/Zip Code: _____

Relationship to Insured: _____ Phone Number: _____ Birthdate: _____

*(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: _____

Social Security Number: _____ City/State/Zip Code: _____

Relationship to Insured: _____ Phone Number: _____ Birthdate: _____

*(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 in 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 to 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: _____