



Change of Ownership Form

Policy No. (One Policy only): _____ Insured Name: _____

Current Owner's Name: _____ Social Security Number: _____

Marital Status: Single Married Divorced Widowed (If Married, Divorced, or Widowed - see Signature Requirements Section on Page 2)

Leaders Life Insurance Company is hereby requested to amend the above Policy so as to provide that, during the lifetime of the Insured, the right to change the beneficiary and all other rights, benefits, options, and privileges conferred by the Policy and any rights conferred by a rider attached to the Policy or allowed by the Company, including the right to assign and the right to receive endowment proceeds, if any, belong exclusively to:

Section 1: New Owner Information

NOTE: If the New Owner is a Trust, skip to Section 2

New Owner's Name: _____ Social Security Number: _____

Relationship to Insured: _____ DOB: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contingent Owner's Name: _____ Social Security Number: _____

Relationship to Insured: _____ DOB: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Section 2: New Owner - Trust

_____ Name of Trust _____ Name of Trustee(s)
of _____, Trustee(s) or any successor or successors in the Trust
_____ Address & Phone Number

under written agreement dated _____, and any amendments thereto, or if the Trust is terminated, to the Owner, or the Executors, or administrators of the Owner.

If the Owner is a Trust, please send a copy of the pages showing that the Trust has been executed and identifying the Trustee(s).

Section 3: Payment Method Change

(Complete this Section ONLY if there is a change in how the premiums will be paid)

Please deduct premiums from my checking account. Your checking account will be drafted monthly for your premium payments. Please attached a void check. The checking account owner's signature is required.

Signature of Checking Account Owner: _____ Date: _____

Please bill me directly. (Choose one of the following) Quarterly Semi-Annually Annually

Signature of current Owner: _____ Date: _____ Phone #: _____

Signature of current Owner's Spouse: _____ Date: _____ Phone #: _____

Signature of New Owner: _____ Date: _____ Phone #: _____

Signature of Contingent Owner: _____ Date: _____ Phone #: _____

Signature of Trustee: _____ Date: _____ Phone #: _____

NOTARY

State of _____, County of _____ On this _____ day of _____ personally appeared before me the above named _____ who is know to me and who subscribed the foregoing statement before me and made Oath that the foregoing answers are each and all complete and true.

Notary Signature _____ My Commission Expires _____

FOR HOME OFFICE USE ONLY

The foregoing request has been recorded at the Home Office of Leaders Life Insurance Company, Tulsa, Oklahoma

Date: _____ Registrar: _____

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NOTICE

- This new ownership designation revokes ALL previous ownership designations.
- If the policy owner assigns a contingent policy owner, the ownership of the policy will transfer to the contingent policy owner at the death of the current policy owner. If there is no contingent policy owner assigned, then the ownership of the policy will transfer to the insured upon the death of such owner. (Please note if the insured is a minor, the child's legal guardian will hold ownership until the child reaches the age of majority).
- The death benefit of the policy is payable to the Beneficiary(ies) of record. If the New Owner / Trustee desires the Beneficiary(ies) to be changed, the New Owner / Trustee must request this change in accordance with the policy provisions. The Beneficiary Change Request Form must be used to change the Beneficiary(ies).
- If the policy number above is not in force when this agreement is recorded or when a copy is attached to the policy and made apart thereof, such action shall not constitute an admission by the Company that the policy is in force.

INSTRUCTIONS

- The current policy owner must complete this form in its entirety.
- Print all information on the form in blue or black ink to ensure it is legible. It is imperative we record your new policy owner designation(s) correctly.
- You must give the full name of each new policy owner, and if applicable, contingent policy owner and their relationship to the insured (the person whose life is covered by the policy.) For example, John Jacob Doe, Spouse. You must also include the new policy owner's social security number, date of birth, email address, mailing address, and phone number.
- Complete the Payment Method section only if there is a change in how the premiums are to be paid.
- Mail the completed form to:

Leaders Life Insurance Company
P.O. Box 35768
Tulsa, OK 74153

- The current Policy Owner will be notified in writing:
 - When the request is processed and approved.
 - If the ownership change request cannot be processed and approved.

SIGNATURE REQUIREMENTS

- THE POLICY OWNER
 - The current policy owner must sign the form. (*If current owner is deceased, a copy of the death certificate is required.*)
 - The new policy owner must sign the form and complete all information requested for the new owner.
- If the New Owner is:
 - A CORPORATION, in which event the signature and title of an authorized officer other than the insured is required.
 - A PARTNERSHIP, in which event all partners must sign. (*If the policy has joint ownership, both owners must sign any form submitted.*)
- ABSOLUTE ASSIGNEE - If the policy is absolutely assigned, the signature of the Assignee is required
- SPOUSE - If the insured is a resident of one of the community property states and the policy owner is being changed from the spouse, then such spouse must sign along with the insured. If divorced or widowed, please provide a copy of the divorce decree or death certificate. Community property laws are applicable in AZ, CA, ID, LA, NV, NM, TX, WA, WI and PR.
- NOTARY SIGNATURE REQUIRED - In order for this request to be processed the form must be notarized.