



REQUEST FOR CHANGE OF OWNERSHIP ACCIDENT OR SICKNESS POLICY

Name:	
Address:	
	Phone Number:

IMPORTANT: Complete and return this form to the Company. The Company will be on notice of the Change of Ownership when it receives this form at its Canadian Head Office properly completed and signed.

NOTE: The Beneficiary Designation of the policy is NOT affected by this form. Change of Beneficiary forms are available from the Company upon request.

FULL NAME OF INSURED	POLICY NUMBER	FORM NUMBER

As a present Owner of the Insurance Policy indicated above, I would like to make the following change (check one option below):

CHANGE OF OWNERSHIP – I do hereby irrevocably assign and transfer without any exception, limitation, or reservation whatsoever to the person indicated below all my right, title and interest in and to the Insurance Policy indicated above.

CHANGE OF CONTINGENT OWNERSHIP – I do hereby name the person indicated below as the Contingent Owner.

FULL NAME OF NEW OWNER/CONTINGENT OWNER	NEW OWNER'S RELATIONSHIP TO INSURED*	
First Middle Last	GRAND PARENT D PARENT D	
	*If guardian is your relationship, then court appointed	
	documentation must accompany this application.	
CONTACT INFORMATION		
Street Apt. # City	Province Postal Code	
Telephone Number		
Dated at	this day of 20	
Signature of New Policy Owner (in the presence of present policy owner)	Signature of Present Owner	
Print Name of New Policy Owner	Print Name of Present Owner	
Upon receipt of this completed Change of Ownersh	nip form, a copy will be sent to the new Owner. If	
Contingent Owner is chosen, a copy shall be sent to		
	Compagnie d'assurance Combined d'Amérique	
	ial : Chicago, Illinois 60640	
	: P.O. Box 3720, MIP, Markham (Ontario) L3R 0X5 one : 1 888 234-4466	
	mbined.ca	

A Chubb Company