

**REQUEST FOR CHANGE OF OWNERSHIP  
ACCIDENT OR SICKNESS POLICY**

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

Address: \_\_\_\_\_

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

**IMPORTANT:** Complete and return this form to the Company. 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
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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 MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> First Middle Last			NEW OWNER'S RELATIONSHIP TO INSURED* LEGAL GUARDIAN* <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> GRAND PARENT <input type="checkbox"/> PARENT <input type="checkbox"/> <small>*If guardian is your relationship, then court appointed documentation must accompany this application.</small>		
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 Ownership form, a copy will be sent to the new Owner. If Contingent Owner is chosen, a copy shall be sent to that individual, in addition to the current Owner.

**This change will become effective on the date it is received by Combined Insurance / Combined Assurances Canadian Head Office, at the following address:**

Combined Insurance Company of America / Compagnie d'assurance Combined d'Amérique  
 Canadian Head Office / Siège social canadien : P.O. Box 3720, MIP, Markham (Ontario) L3R 0X5  
 Telephone / Téléphone : 1 888 234-4466  
 www.combined.ca

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