



- Transamerica Occidental Life Insurance Company
Home Office: Cedar Rapids, IA 52499
Administrative Office: P.O. Box 419521
Kansas City, MO 64141-6521
- Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA 52499
Administrative Office: P.O. Box 419521
Kansas City, MO 64141-6521

Assignment to Transfer Ownership for Life Insurance Policies

*This form cannot be used for Annuity Plans or Contracts
(This form does not change the beneficiary of the Policy)*

Policy Number: _____ **Insured's Name:** _____

New Owner's Name		
Address		
City	State	Zip

The recorded designation form will be mailed to the address shown at the left, unless otherwise indicated below and initialed by the owner.

Return Owner's Copy to: _____ *Owner's Initials*

General Agency/GA Code _____

Fax to: () _____

THIS FORM WILL NOT BE RECORDED IF MODIFIED UNLESS APPROVED BY THE COMPANY'S ADMINISTRATIVE OFFICES

- For good and sufficient consideration, all rights, title and interest of the undersigned in the Policy is hereby assigned for the purpose of transferring ownership to:
- As a gift for love and affection with no valuable consideration,

NAME OF NEW OWNER: _____ **New Owner's Social Security No./Tax ID No.** _____

TRUSTEE (S) NAME IF TRUST OWNER: _____

ADDRESS OF NEW OWNER: _____
Address _____ City _____ State _____ Zip _____

The new Owner is: Individual Corporation Partnership Trust _____ Other _____
(indicate date) (specify)

NAME OF CONTINGENT OWNER (Optional): _____ **Contingent Owner's Social Security No./Tax ID No.** _____

TRUSTEE (S) NAME IF TRUST CONTINGENT OWNER: _____

ADDRESS OF CONTINGENT OWNER: _____
Address _____ City _____ State _____ Zip _____

The Contingent Owner is: Individual Corporation Partnership Trust _____ Other _____
(indicate date) (specify)

Before the death of the Insured, the New Owner of the Policy alone shall be entitled to all rights granted by the Policy or allowed by the Company under the Policy, including the right to assign the Policy and the right to transfer ownership revoking any prior designation of a Contingent Owner. If the New Owner is a Partnership, all rights of the Owner belong to the Partnership as constituted at the time a right is exercised. This Assignment revokes any previous designations of Contingent Owner for the Policy, regardless of whether a Contingent Owner is designated on this Assignment. If there is a designation for a New Contingent Owner, then if the Owner, or a Contingent Owner after becoming Owner, predeceases the Insured, the next successive living Contingent Owner designated shall be the Owner of the Policy. If there is no surviving Contingent Owner, the estate of the deceased Owner (or the estate of a Contingent Owner who became the Owner) shall own the Policy.

Beneficiary Not Changed: This Assignment does not change the beneficiary of the Policy. Unless the right to change the beneficiary is specifically exercised by the New Owner, the beneficiary of the Policy shall be the same as the beneficiary of record at the time of this Assignment.

The Company may rely solely upon the signature of the Owner under this Assignment for any receipt, release, waiver, transfers or other instruments, to whomsoever made. The validity of this Assignment is hereby guaranteed by the undersigned. The signature to this Assignment is a warranty that the undersigned is legally capable of executing this Assignment and that no proceedings in insolvency or bankruptcy have been instituted by or against the undersigned.

ASSIGNMENT BY: (Signature Requirements on Reverse Side)

DATE SIGNED: _____

_____ **Print Current Owner's Complete Name**

_____ **Current Owner's Daytime Telephone Number**

_____ **Current Owner's Social Security Number/Tax ID Number**

X _____
Witness Signature

_____ **Current Owner's Signature (include Title, if Business or Trust)**

X _____
Address of Witness

_____ **Current Owner's Signature (include Title, if Business or Trust)**



TOA 504M-1005

TRANSFER OF OWNERSHIP

This Assignment has been recorded at the Company. The Company assumes no legal responsibility for the sufficiency or validity of the Assignment.

Date recorded: _____ by: _____

Signature Requirements

INDIVIDUAL OWNER(S) - Individual must sign on the provided for "Owner"

PARTNERSHIP IS THE OWNER - Two authorized partners must sign below the name of the partnership, the title "Partner" must follow each signature.

CORPORATION IS THE OWNER - One officer other than the Insured must sign below the name of the corporation. The officer's title (President, General Manager, Vice President, Secretary or Assistant Secretary) must follow the signature. A corporate resolution is required to support any other signature. A beneficiary change to someone other than the corporation requires the signature of two authorized officers, other than the Insured, or a corporate resolution.

TRUST IS THE OWNER - The trustee(s) must sign above wording similar to the following: "John Doe, trustee under XYZ Trust dated June 1, 1984."

GUARDIAN OR CONSERVATOR OR AGENT ACTING UNDER A POWER OF ATTORNEY - The signature of a guardian or conservator or an agent acting under a power of attorney, (whichever applies) must sign on behalf of the Owner. Certified copies of the letters of guardianship/conservatorship and the court order that authorizes the change must also be submitted. A complete copy of the Power of Attorney document must be submitted. The Questionnaire to Accompany Power of Attorney and the Affidavit of Agent for Power of Attorney should also be submitted.

COMMUNITY PROPERTY STATES - In states with community property laws (currently AZ, CA, ID, LA, NV, NM, TX and WA), or states having marital property laws (currently Wisconsin), the Owner's spouse should also sign this form if the Policy is community property. Consult your legal advisor.

COLLATERAL ASSIGNMENTS - If the policy has been assigned as Collateral Security, a representative of the collateral assignee should also sign the form in the space below the current owner's signature on the front of this form.

Special Provisions:

This Assignment includes any rider or supplementary agreement attached or relating to the Policy. This Assignment shall apply to any Policy issued in exchange for or as a conversion of the Policy. If this Assignment is made to any trust, the Company shall not be bound by any trust agreement or responsible for the application of any Policy proceeds paid to trustee of any such trust.

- Be sure to show the Policy Number and Insured's Name at the top of this form.
- Do not send the Policy. Once the Assignment to Transfer Ownership has been recorded, a copy will be sent as confirmation of the change.

Resolution to Assign

This form is for the assistance of a corporate assignor's attorney and may be used instead of a separate certified resolution if it is sufficient.

RESOLVED that _____
(name and title)

and _____
(name and title)

of this corporation be, and they are hereby authorized, directed and empowered, as the act and deed of this corporation, to execute an

assignment in favor of _____
(name and title)

of all rights, title and interest of this corporation in and to Policy No.

on the life of _____
(name)

such assignment being understood to include any rider of supplementary agreement attached to or relating to the Policy.

* * * * *

I, _____ Secretary of _____ a corporation, do hereby certify the foregoing to be a true and correct copy of a resolution adopted at a meeting of the Board of Directors of said corporation on _____ year: _____, and that the number of members required for quorum was present.

I further certify that no bankruptcy proceedings are now pending against said corporation and that the resolution authorizing such action has not been revoked.

IN WITNESS WHEREOF, I have hereunder set my hand officially and affixed the seal of this corporation on

(date)

Secretary