



**TRANSFER
OF
OWNERSHIP**

P.O. Box 1756 | Des Moines, IA 50306-1756 | 800-477-3633

Number _____ on the life of _____

For good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned current owner hereby sells, assigns, transfers and sets over unto:

Please Print Carefully

Name of New Owner: _____

Relationship to Insured: _____

Address: _____

Telephone: _____

his, her, or their executors, administrators, successors or assigns, all the right, title, and interest now or at any other time held by the undersigned current owner in and to the above described policy/certificate issued, assumed, or reinsured by Homesteaders Life Company, West Des Moines, Iowa, including the right to receive dividends, to make loans, to surrender for cash or otherwise, to elect paid up or extended insurance, to change the beneficiary, and any other right granted to the owner or insured by the terms of said policy/certificate, which rights may be exercised by the transferee without participation, consent or order of the undersigned current owner.

It is understood that if the policy/certificate to which this transfer is applicable is one originally issued on the life of an insured other than the current owner, and contains a provision for waiver of premium in the event of the death or disability of the current owner, such waiver of premium benefit shall terminate when this transfer becomes effective.

This transfer is not made as security for payment of a debt, but is an absolute transfer of ownership.

This transfer of ownership shall not become effective until recorded at the Home Office of Homesteaders Life Company of West Des Moines, Iowa, but when so recorded it shall revert and take effect as of the date of execution of this instrument without prejudice to the Company.

In witness whereof the undersigned has executed this instrument at

_____ City State Date

_____ Witness Current Owner's Signature

Under penalties of perjury, I, as the proposed new owner, certify that the information provided below is true, correct, and complete.

_____ New Owner's SS or Tax ID Number

Check here if you are subject to backup withholding (Section 3406(a)(1)(c)IRC)

_____ New Owner's Signature Date

THIS SPACE FOR HOME OFFICE USE	
Recorded at Home Office of Homesteaders Life Company	
Date _____	By _____