

REQUEST FOR CHANGE OF OWNERSHIP

ADA MEMBER NAME: _____

ADA MEMBER NUMBER: _____ DATE OF BIRTH: _____

DAYTIME PHONE: _____ FAX: _____

EMAIL: _____

Please complete this form and return to Great-West Financial by fax, email or mail. From this information, an Absolute Assignment form will be prepared for your signature and mailed to you.

Please note that on the receipt of the signed forms, this change will transfer ownership on all coverage under the certificate.

Please change my address on the below plans:

Term Life
Certificate Number(s): _____

Term Plus Universal Life
Certificate Number(s): _____

Note: If naming a Trust, please provide the full name of the Trust, Trust Date and name(s) of the Trustee(s).

Designation of Ownership:

Full Name of new owner: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Additional contact information:

Daytime Phone: _____ Fax: _____

Email: _____