

LIFE INSURANCE COMPANY OF BOSTON & NEW YORK

HOME OFFICE: 60 MAIN STREET, SUITE 4, HAMBURG, NY 14075
SERVICE ADDRESS: PO BOX 219 CANTON, MASSACHUSETTS 02021
TEL (800) 645-2317 FAX (781) 821-4976

Dear Policyholder:

We have received your request to change the ownership on your Life Insurance Company of Boston & New York policy(ies). Please review the following instructions prior to completing the attached Change of Ownership form. If you have any questions please call our Client Services Department.

INSTRUCTIONS

- 1 Use the attached form to change the ownership on life insurance policies or annuity contracts owned by you. If the change of ownership is to apply to more than one policy or annuity, list all applicable numbers and insured names.
- 2 Use complete names (John J. Smith, not J.J. Smith).
- 3 List the residential address, mailing address if different from residential, date of birth and tax identification number of the new owner(s). Use Social Security numbers for individuals or Federal Tax I.D. numbers for business entities.
- 4 Because of their inability to legally exercise their ownership rights, it is recommended that a minor not be named owner.
- 5 It is not necessary to mail your policy, unless requested.

Please send the completed form to:

**Life Insurance Company of Boston & New York
Attn.: Client Services Department,
PO Box 219
Canton, MA, 02021**

A recorded copy will be returned to be attached to your policy.

To avoid delays, please be sure that the following signatures are completed and signed by all necessary parties. The current and new owners in all cases the current beneficiary if designated as irrevocable; or, the current absolute assignee, if any. A witness other than the new owner not having a personal interest (insured, assignee, beneficiary, etc.) in the contract.

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CHANGE OF OWNERSHIP

Please list the numbers and names on those policies you wish to change.

POLICY #:

INSURED NAME:

As owner of the policy(ies) noted above, I hereby revoke the current ownership, and name as the new owner or owners the following:

NEW OWNER	NAME	PHONE NUMBER	TAX IDENTIFICATION NUMBER
	RESIDENTIAL ADDRESS	DATE OF BIRTH	
	MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL		
NEW CONTINGENT OWNER	NAME	PHONE NUMBER	TAX IDENTIFICATION NUMBER
	RESIDENTIAL ADDRESS	DATE OF BIRTH	
	MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL		

☐ **REQUEST FOR RETENTION OF OWNERSHIP (on Juvenile Policies Only)**

As the current owner/payor of the above policy(ies), I request retention of ownership of said contract(s) notwithstanding the insured(s) attaining the age of majority. Upon my death, the rights of ownership will pass to the contingent owner, if designated, or to the insured if he or she survives.

GENERAL PROVISIONS

The new owner or owners shall be entitled to exercise all rights and privileges of the policy(ies), subject to the provisions contained in the Ownership section thereof, and shall also be entitled to all proceeds and benefits due or to become due under the policy(ies), including deposits with the Company for payment of future premiums. **This change of ownership, however, shall not change any present beneficiary. Therefore, you will be receiving a Change of Beneficiary form under separate cover in the event you wish to make changes to your designations or if you are unsure if we have the correct beneficiary information on file.**

If there is more than one owner, the ownership shall be shared jointly, unless specifically stated otherwise, and the consent of all joint owners will be necessary to exercise any right. Upon the death of a joint owner, the remaining owner or joint owners shall succeed to the rights and privileges of the deceased joint owner. Upon the death of the owner or all joint owners, any contingent owner or owners designated above shall become the owner or owners, succeeding to all the rights and privileges of ownership. If no contingent owner is designated, the estate of the owner, or the estate of the last joint owner to die will succeed to all the rights and privileges of ownership. If a corporate owner is dissolved or not in existence, the rights of the corporation hereunder, if any, shall pass to those entitled to receive such rights by law.

This change of ownership will take effect when recorded by the Company at its Home Office only if the policy or annuity is in force or is being continued under a non-forfeiture option on the date of this request. After recording, this change of ownership will relate back and take effect as of the date of this request, without prejudice to any payments made by the Company before recording.

Dated at _____ this _____ day of _____ year _____.
City and State

Signature of Beneficiary/Spouse

Signature and Tax Identification # of Present Owner

Signature of Witness/Absolute Assignee

Signature of New Owner

This change of ownership has been recorded at the Home Office of **LIFE INSURANCE COMPANY OF BOSTON & NEW YORK.**

Date Recorded _____

By _____
Secretary