

CHANGE OF CONTINGENT OWNERSHIP



Return completed form to:
State of Wisconsin
Office of the Commissioner of Insurance
State Life Insurance Fund
P.O. Box 7873
Madison, WI 53707-7873
(608) 266-0107
1-800-562-5558

Ref: Section 607.02, Wis. Stat.

INSTRUCTIONS: Complete information requested below. Date and sign in the presence of a witness. Forward to the above address.

I, _____, owner of policy number _____ on the life of _____ in the State Life Insurance Fund, exercise the right reserved to me in this policy, to change the contingent ownership to:

Contingent Owner	Date of Birth	Social Security Number

Ownership will pass to the insured at: Death of all prior owners

This provision is subject to revocation and change at the request of the owner and during the lifetime of the insured.

Signed at _____, _____, on _____
(City) (State) (Date)

CURRENT OWNER:

Signature
Address
City, State, and Zip
Phone Number
Social Security Number

WITNESS:

Signature
Address
City, State, and Zip

For Fund Use Only

This change is made effective _____
(date)

Commissioner of Insurance