

A member of Western & Southern Financial Group

Name Successor Owner

Dept. 1600

			<u> </u>					
CO. CODE	CONTRACT NUMBER NAME OF INSURED							
ADDRESS C	DF SUCCESSOR OWNER							
TELEPHONI	E NO. OF SUCCESSOR OWNER	DATE OF BIRTH (OF SUCCESSOR O	WNFR				
		5,112 01 5						
The und	dersigned hereby names a	Successor Owner for the	he above numb	ered				
	t and requests National In							
	in the manner shown belo	ow. Any prior designation	ons of a Succes	sor				
Owner a	are hereby revoked.							
FOR A	DULT LIFE INSURANCE:							
"It is	understood and agreed th	at if the Current Owner	r.				. SSI	N or
			-,				,	
Tax	ID,	should die during	the lifetime of	the insured,	the Succ	essor (Owner shall	l be
			_		_			
			_, whose	relationsh	ip to	the	insured	is
		, SSN or Tax ID,			The Suc	occor (Owner chall	ho
entitl	ed to exercise all rights,	, SSN OF TAX ID,	ontions under	this contract	The Suct	riahte a	owner snan s they annl	v to
	ity contracts are limited by						is they appl	y to
	··· ,			J	,			
	eby requested that any pro							es this
	of a Successor Owner to							
	ay, Cincinnati, OH 45202		igned further re	presents tha	it the contr	act is no	ot in the pos	session
of anoth	ner person and that there i	s no claim against it.						
SIGNED AT	(CITY AND STATE)	DATE		WIT	NESS			
SIGNATURE	OF OWNER							
A des	signation of Successor Ow	ner is not effective unles	ss recorded by	the Compan	y at its Ad	ministra	tive Office.	Α
	mation will be provided for		,	•	-			

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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