



Request to Change Owner

This form may be returned to WSA as follows:

Email - info@wsalife.com / Fax - 303-459-5154 / Mail - PO Box 351920, Westminster, CO 80035-1920

Insured's Name: _____

Insurance Certificate #: _____

Please change the Owner of this certificate as listed on WSA's records to:

Insured (Insured and Owner will be the same individual)

If premiums are still due under this contract please mark your choice:

Insured to begin paying premiums due under certificate. Send future billing notices to insured at the following address: _____

Please continue to bill current payer for premiums due under certificate.

Revocable Trust (TIN same as insured):

(List full name of trust)



Signature of Insured

Date



Signature of Current Owner (if different than Insured)

Date