



Request to Change Owner

This form may be returned to WSA as follows:
Email - info@wsalife.com / Fax - 303-451-5112 / 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