

AAFMAA Policy Ownership

Transfer of owner and/or successor owner of AAFMAA life insurance policy(ies)

Please PRINT clearly in blue or black ink.

1. POLICY	Policy Number(s)
Insured Name (Last, First MI)	Insured SSN

2. CURRENT OWNER	
Name (Last, First MI)	SSN/TIN
Address (Street, City, State, ZIP)	

3. NEW OWNER (if no change leave blank; for trusts put trust name, date and trustees)	
Name (Last, First MI)	SSN/TIN
Address (Street, City, State, ZIP)	Relation to Insured (if any)

4. SUCCESSOR OWNER (in event of death of owner)	
Name (Last, First MI)	SSN/TIN
Address (Street, City, State, ZIP)	Relation to Insured

5. SIGNATURES	
If a New Owner is designated above, the Current Owner does hereby assign, transfer, give, grant and convey to said New Owner, his/her heirs and assigns, all rights, titles and interest in the life insurance policy(ies) listed, issued by the Army and Air Force Mutual Aid Association (AAFMAA). The Current Owner hereby agrees to execute and deliver any further documents necessary to vest title in said policy(ies) to the New Owner.	
Current Owner Signature	Date Signed (mm/dd/yyyy)
New Owner Signature (if designated above; if trust sign as trustee)	Date Signed (mm/dd/yyyy)

OFFICE USE ONLY. Approved by AAFMAA Secretary, by Authority of the Board of Directors	Date Signed (mm/dd/yyyy) / /
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