

**DIRECTORS LIFE ASSURANCE COMPANY  
CHANGE OF OWNERSHIP**

In accordance with the terms of Policy Number \_\_\_\_\_ issued on the life of \_\_\_\_\_, the Company is hereby requested to revoke any previous ownership designation and change the ownership as designated in the space provided below. It is further understood that this change will become effective upon receipt and approval of the Company at its Home Office.

Name of NEW OWNER \_\_\_\_\_

New Owner Address \_\_\_\_\_

New Owner Telephone Number \_\_\_\_\_

Signature of Policy Owner (Current) \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Dated at \_\_\_\_\_ (City, State) on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Recorded and accepted by the Home Office on \_\_\_\_\_, \_\_\_\_\_

Officer of the Company \_\_\_\_\_

**DIRECTORS LIFE ASSURANCE COMPANY**  
P.O. Box 20428  
Oklahoma City, OK 73156

405-842-1234  
800-256-8003  
405-842-4998 fax