



# NATIONAL INCOME LIFE INSURANCE COMPANY

c/o National Income Life Service Center  
P.O. Box 2608 • Waco, TX 76797 • www.nilife.com  
(315) 451-8180 • (800) 516-4466

**If you prefer to correspond by email, send your email address and policy number to [pos@nilife.com](mailto:pos@nilife.com)**

## ASSIGNMENT TO TRANSFER OWNERSHIP

*Use this form for an absolute transfer of ownership. If a collateral assignment for security purposes is intended, use American Bankers assignment for No. 10.*

The undersigned is the present owner of the following National Income Life Insurance Company policy:

Policy Number	Name of Insured

The undersigned hereby assigns ownership of said policy to:

Assignee (new owner)	Relationship to Present Owner

**X** \_\_\_\_\_ Dated at \_\_\_\_\_ on \_\_\_\_\_  
Signature of Present Owner City State

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of New Owner Signature of Witness

IF THERE IS A CHANGE IN PREMIUM PAYMENT, PLEASE COMPLETE THE FOLLOWING:

Future premium billings are to be sent to:

Name	Address	City	State	Zip

PLEASE NOTE THAT THIS CHANGE HAS NO EFFECT ON THE BENEFICIARY DESIGNATION. IF A CHANGE OF BENEFICIARY IS DESIRED, THE NEW OWNER MUST NOTIFY THE COMPANY OF THE CHANGE.

