CHUBB®

CERTIFICATEHOLDER CHANGE FORM

Administrative Office:
PO Box 506
Keene NH 03431-0506

A. Coverage Information

Certificate Number: _____ Name of Insured: _____

_____
Name of Certificateholder(s) Social Security or TIN No. (include dashes) Daytime Telephone No.

_____
Address

_____
City State Zip Code

B. Certificateholder Changes.

___Change Certificateholder

All right, title and interest in the certificate are transferred to the new Certificateholder. This transfer is subject to any certificate loans and collateral assignments. The change of Certificateholder does not change the beneficiary unless a separate request is received on the appropriate change form (see BENEFICIARY CHANGE FORM). Any existing Certificateholder's designee or contingent owner is revoked.

New Certificateholder

Name: _____ Social Security #: _____

Address: _____ Daytime Phone #: _____
(Street)

_____ Evening Phone #: _____
(City/State/Zip Code)

C. Signatures.

_____ _____ _____ _____
Certificateholder's Signature Date Spouse Date
(req. in community property states)

_____ _____
New Certificateholder's Signature Date

_____ _____
Assignee/Irrevocable Beneficiary's Signature Date