

**CERTIFICATE HOLDER
CHANGE FORM**



Established 1896

Administered by: Vision Financial Corporation
PO Box 506
Keene NH 03431-0506

A. Coverage Information

Certificate Number: _____ Name of Insured: _____

Name of Certificate Holder(s) Social Security or TIN No. (include dashes) Daytime Telephone No.

Address

City State Zip Code

B. Certificate Holder Changes.

___ Change Certificate Holder.

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

New Certificate Holder

Name: _____ Social Security # _____

Address: _____ Daytime Phone #: _____
(Street)

_____ Evening Phone #: _____
(City/State/ZIPCode)

C. Signatures.

Certificate Holder's Signature Date Spouse (req. in community property states) Date

New Certificate Holder's Signature Date

Assignee/Irrevocable Beneficiary's Signature Date