

**ABSOLUTE ASSIGNMENT OF TITLE OF POLICY**  
**GOLDEN STATE MUTUAL LIFE INSURANCE COMPANY**  
P. O. BOX 2332 - LOS ANGELES, CALIFORNIA 90051

*To be Executed in Duplicate. Send Both Copies to the Company with the Policy.*

For valuable consideration, the receipt hereof is hereby acknowledged, the undersigned hereby assigns, transfers, sets over and conveys to (Give Full Name and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

all my (our) right, title and interest in and to Policy No. \_\_\_\_\_ issued or assumed by the Golden State Mutual Life Insurance Company of Los Angeles, California, on the life of

\_\_\_\_\_

It is my (our) desire and intention by this assignment to vest in said \_\_\_\_\_ the absolute and unconditional ownership and title of and to said policy.

Please modify the policy to include the following provision:

\_\_\_\_\_

**CONTROL OF POLICY**

The Owner, \_\_\_\_\_, having assigned, transferred, set over and conveyed to \_\_\_\_\_ all right, title and interest in and to this policy, absolute ownership and control of the policy is now vested in \_\_\_\_\_

\_\_\_\_\_

EXECUTED AT \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

\*I certify (or declare) under the penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE OF OWNER OF POLICY

\*The signature must be acknowledged before some person legally entitled to administer an oath or affirmation.