

**CHANGE OF
PURCHASER FORM**

CONTRACT NUMBER: _____

CURRENT PURCHASER'S NAME: _____

BENEFICIARY'S NAME: _____

PLEASE PROVIDE REASON FOR REQUEST: _____

THE FOLLOWING INFORMATION IS REQUIRED FOR THE NEW PURCHASER:

NEW PURCHASER'S NAME: _____ SSN: _____

SIGNATURE: _____ DATE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____

NOTICE

I ACKNOWLEDGE THAT BY EXECUTING THIS FORM I RELINQUISH ALL MY RIGHTS AND RESPONSIBILITIES OF THE MASTER AGREEMENT TO THE NEW PURCHASER.

TO AUTHORIZE THIS CHANGE, PLEASE SIGN IN FRONT OF A NOTARY THIS COMPLETED FORM.

Current Purchaser's Signature

Date

Notary Public's Signature

Notary Seal

**PLEASE SEND THE COMPLETED FORM AND THE \$20.00 CHANGE OF PURCHASER FEE TO THE ADDRESS BELOW.
CONFIRMATION WILL BE MAILED TO THE NEW PURCHASER UPON COMPLETION OF THE CHANGE.**

