

**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.**

