



**TRANSFER OF OWNERSHIP**

**PRINT LEGIBLY**

2491 Alluvial Ave. Ste. 170  
Clovis, CA 93611  
1-855-54-PAMANA  
1-855-547-2626

Plan: \_\_\_\_\_

Relationship of Covered Participant: \_\_\_\_\_

Current Owner: \_\_\_\_\_

**Instructions for completing form:**

1. This must be completed in ink and cannot be altered by the use of correction fluid.
2. Both the Current Owner and New Owner must sign the form.

**New Owner Information**

Print Name of New Owner: \_\_\_\_\_

Relationship of Covered Participant: \_\_\_\_\_

Address of New Owner: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

SSN/ITIN: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I hereby request the owner of the above listed plan be changed. I understand that the benefits, rights and privileges of the plan will be vested in the new owner, his/her executors, his/her administrators and assigns, or his/her successors and assigns.

Signature of New Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Current Owner: \_\_\_\_\_ Date: \_\_\_\_\_

SSN/ITIN: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Current Owner's Spouse\*: \_\_\_\_\_ Date: \_\_\_\_\_