

CINCINNATI EQUITABLE LIFE INSURANCE COMPANY

CHANGE OF OWNERSHIP

To be attached to Policy Num	ber
On the life of	
The Cincinnati Equitable Life Insurance (this policy to:	Company is hereby requested to transfer ownership of
NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
NEW OWNER SIGNATURE:	
	ownership are hereby released by the undersigned and olutely to the above named person or persons all rights now has in the above policy.
filed by or against the undersigned sin	ition in bankruptcy, voluntary or involuntary, has been ce the date of said policy, and that unless otherwise any interest therein is now in any manner pledged,
Executed this day of	, 20
Witness	Signature of Present Owner

Cincinnati Equitable Life Insurance Company, P.O. Box 3428, Cincinnati, OH 45201