



Kanawha Insurance Company

PO Box 14330, Lexington, KY 40512 Fax: 1-866-584-9140

WVB Absolute Assignment and Beneficiary Change Form

Insured's Name _____ Policy Number _____

Owner's Name _____ Owner's Social Security Number _____

Owner's Address _____

City _____ State _____ ZIP+4 _____

Owner's Telephone _____

Assignee Information (New Owner)

Assignee Name _____ Assignee Social Security Number _____

Assignee Address _____

City _____ State _____ ZIP+4 _____

Assignee Telephone _____

Contingent Owner's Name _____ Contingent Owner's SS# _____

Contingent Owner's Address _____

City _____ State _____ ZIP+4 _____

Contingent Owner's Telephone _____

The undersigned by this assignment transfers to said Assignee all incidents of ownership in said Policy, including any and all rights of the undersigned to receive dividends, to receive amounts payable at maturity, to receive disability income, if the Policy provides for such income, or to receive any other amounts payable under said Policy, and including the right to change the beneficiary therein, to obtain loans on the Policy, to assign the Policy, to surrender the same to the Company for its cash value, and to exercise any right, option or benefit contain in the Policy or permitted by the Kanawha Insurance Company.

This assignment is not being made under any Trust, or as a pledge, or as security for indebtedness.

This assignment is subject to any assignment in favor of, or indebtedness to, the KANAWHA INSURANCE COMPANY.

This assignment shall not be binding on the Kanawha Insurance Company until an executed original or duplicate is filed at the Home Office. The Company shall not be held responsible for the validity or sufficiency of this assignment.

If said Policy by its terms provides for payment of the proceeds thereof at maturity, either by reason of death of the Insured or as an endowment, otherwise than in one sum, request is hereby made that said proceeds be paid in one sum. If said Policy by its terms provides for any beneficiary or endowment payee who shall not have joined in this assignment, the appointment of each such beneficiary or endowment payee is hereby revoked. The foregoing provision for payment of the Policy proceeds in one sum shall take effect as of the date of execution hereof and prior to foregoing assignment, but only when endorsed on the Policy by the Company, whether or not the Insured be living at the time of endorsement.

If the number of more than one Policy is included above, this instrument shall be separately read with respect to each Policy.

If the Policy requires that the above change(s) be endorsed on the Policy, it is requested that the Policy be modified to permit this change(s) without the endorsement of the Policy:

Current Owner Signature _____ Date _____

Witness - Notary Public _____ Date _____

My Commission expires _____



Kanawha Insurance Company

PO Box 14330, Lexington, KY 40512 Fax: 1-866-584-9140

WVB Absolute Assignment and Beneficiary Change Form

NOTE: Prior Beneficiary designations are revoked once the current owner signs the above ownership change. The assignee (new owner) would complete this form to assign a new beneficiary.

If the Policy requires that the above change(s) be endorsed on the Policy, it is requested that the Policy be modified to permit this change(s) without endorsement of the Policy.

Primary Beneficiary _____

Address _____

Contingent Beneficiary _____

Assignee Owner's Signature _____ Date _____

Witness - Notary Public _____ Date _____

My Commission Expires _____

For Home Office use only:

Acknowledged and filed at the Home Office of the insurer in Lancaster, SC this _____ day of _____ 20_____

KANAWHA INSURANCE COMPANY

By _____

Authorized Officer

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-855-448-6982 or if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512-4618

If you need help filing a grievance, call 1-855-448-6982 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>