

SERVICE REQUEST FORM

Policy Number: _____

Owner: _____

Insured: _____

Social Security Number of Owner: _____

Phone Number of Owner: _____
(including area code)

Address Change: (may also be completed by contacting our office if you are the owner or active agent of record)

Check One: Owner Insured Payor

_____ Street Address

_____ Phone Number (including area code) _____ City _____ State _____ ZIP

Name Change: (This section does not change your ownership or beneficiary designation - Not for Corporations, Trusts or Partnerships)

Check One: Owner Insured Beneficiary
 Other

_____ Print Previous Name

Reason for Name Change:

Check One: Marriage Divorce Other*

_____ Print New Name**

* Please explain in Special Instructions section on page 2 and submit documentation
** The Signature section on Page 2 must also be completed

Beneficiary Change:

I (we) ask that the beneficiary be changed as shown. Assuming this form is in good order, the change is effective when the Company receives it. All prior beneficiary designations are revoked. This change does not need to be endorsed on the policy. Unless otherwise stated: a) primary beneficiaries will share the proceeds equally; and b) if no primary or contingent beneficiary survives the insured by 15 days, or as specified in your contract, the proceeds will then go to the estate of the insured; and c) the share of a deceased beneficiary will pass equally to the surviving beneficiaries.

Names of Primary Beneficiaries	Relationship to Owner	%	Date of Birth

Names of Contingent Beneficiaries	Relationship to Owner	%	Date of Birth

- The new designation cancels all previous designations, subject to the rights of any existing assignment. Please note: The names of the primary beneficiary(ies) must always be stated when a beneficiary change request is submitted.
- Unless otherwise indicated, the right to change the beneficiary is reserved by the owner(s).
- Percentage: Allocations must total 100%. Please use percentages rather than dollar amounts.
- If more space is needed, please utilize the Special Instructions section, or attach a separate sheet with policy number, owner's signature and date. Note: Any and all attachment pages must include the policy number, the owner's signature and the date.

* Automated policy status can be obtained by calling (800)321-9313, 24 hours a day, 7 days a week. Our Life Contact Center representatives may be reached Monday through Friday from 7:30 a.m. to 6:00 p.m. Central time, also at (800) 321-9313.

Ownership Change: Check One: Owner Joint Owner

If new owner is an individual, is owner a United States citizen? Yes No

If NO, please provide:

Country of Origin: _____ Passport number and country of issuance: _____

Alien identification number or Other number of government issued identification: _____ Country of Issuance: _____

Name of New Owner

Street Address City State Zip

Daytime Phone Number of New Owner Social Security/Tax I.D. Number Date of Birth
of New Owner

- If multiple owners are being requested, only one mailing address and taxpayer ID or Social Security number will be recorded for billing purposes. However, please indicate any additional co-owner(s) in Special Instructions below.
- Assuming this form is in good order, the new ownership designation cancels all previous designations.
- The new address will replace the existing address on record for the owner only.
- Both the existing owner(s) and the new owner(s) must sign in the Signatures section below.
- **Ownership change to a trust** - include the name and date of the trust, the trustee's name, and the taxpayer ID number of the trust. The trustee must then also sign below in the Signatures section as the New Owner. Also the first page and the signature page of the Trust Agreement must be attached to this form.
- **Ownership change to a corporation** - one officer signature including their title (the officer that signs cannot be the insured.)
- **Ownership change to a partnership** - all partners must sign including their title.
- A change of ownership may have tax consequences. The Company strongly suggests that you consult an attorney, accountant, or tax advisor for more information.

Nonforfeiture Option and Automatic Premium Loan Provision: (Life Policies only)

If I stop paying premiums when due after a cash value is first available, I elect the following option. The Company and I agree to waive all requirements that a change be endorsed on the policy.

Check One: Add Delete Automatic Premium Loan (APL)
 Add Delete Extended Insurance (ETI), if available
 Add Delete Reduced Paid-Up (RPU), if available

- See policy for details on each provision

Request for Paid-Up Policy (Life Policies Only)

Change my policy now to paid-up insurance according to the Nonforfeiture Option selected.

Special Instructions:

Signatures:

By signing below, the Owner(s) hereby certify that the information provided in this request is complete and accurate, and understand that this request will be processed according to the information provided.

Name of Owner (current) (please print) X
Owner's Signature (current) Date
(if corporate, trust or partnership owned, note title of officer, trustee, partner, respectively.)

Name of Joint Owner (if any) (please print) X
Joint Owner's Signature (if any) Date

Name of New Owner (please print) X
New Owner's Signature Date

Name of Irrevocable Beneficiary (if any) X
Irrevocable Beneficiary's Signature (if any) Date

Spousal Consent for Community Property States: If the owner is a resident of AZ, CA, ID, LA, NV, NM, TX (annuities only) WA or WI, spousal consent is required unless the insured has no legal spouse. (Note: Spouse must sign, even if policyowner was not married at the time of policy issue.)

X _____
Spouse's Signature Date Policy Owner has no legal spouse.