



Request for Service

Insured	Owner (If other than insured)	Policy #
1. <input type="checkbox"/> Name Change <input type="checkbox"/> Insured <input type="checkbox"/> Payor <input type="checkbox"/> Owner <input type="checkbox"/> Beneficiary <i>Former Name</i> _____ <i>New Name</i> _____ Reason: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Correction <input type="checkbox"/> Other - Attach copy of Legal Evidence		3. <input type="checkbox"/> Change Dividend Option To: <input type="checkbox"/> Pay in Cash <input type="checkbox"/> Accumulate at Interest <input type="checkbox"/> Reduce Premium <input type="checkbox"/> Buy Paid-Up Additions <input type="checkbox"/> Reduce Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> _____
2. <input type="checkbox"/> Address Change <i>Street</i> _____ <i>City</i> _____ <i>State</i> _____ <i>ZIP</i> _____		4. <input type="checkbox"/> Change Non-forfeiture Option To: <input type="checkbox"/> Automatic Premium Loan <input type="checkbox"/> Extended Term Insurance <input type="checkbox"/> Reduced Paid-Up Insurance
5. <input type="checkbox"/> Lost Policy Certificate <input type="checkbox"/> Certificate (No Charge) <input type="checkbox"/> Duplicate Policy (\$10.00) Being of lawful age, I do hereby certify the above described policy has been lost or destroyed, that it has not been delivered to any person or business enterprise for any right, title or interest in it. Based on the foregoing statement, I request the issuance of a Certificate of Insurance for said lost policy. In consideration of granting my request without surrender of original policy, I hereby promise and agree to indemnity and hold the Company harmless from any and all loss or injuries which it may incur as a result of granting my request. I further agree to immediately return the original policy if found.		
6. <input type="checkbox"/> Change of Beneficiary Cancel all previous beneficiary designations and settlement options selected under the above numbered policy and change the beneficiary of the policy as designated below, with right of revocation. (Complete beneficiary designation must be restated when change is made.)		
<i>Primary Beneficiary Name</i> _____	<i>Address</i> _____	<i>Date of Birth</i> _____ <i>Social Security Nbr</i> _____
<i>Contingent Beneficiary Name</i> _____	<i>Address</i> _____	<i>Date of Birth</i> _____ <i>Social Security Nbr</i> _____
It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the insured, but if none survives, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured. All beneficiaries joining herein waive and release all rights or interest in said Policy.		
Fill in this information ONLY if you have established a Trust		
Name of Trust _____		
Address _____		
Name of Trustee _____ Date Trust Established _____		
<i>(If you need more room, list additional beneficiary information on the back of this form.)</i>		

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By this election, I hereby revoke all other and former designations made by me. I make this election subject to all of the conditions and provision of said policy as well as any existing assignment and unless otherwise provided by me in this application for change of beneficiary. I expressly reserve the full and absolute right to make other and further changes at anytime I may elect.

Signed this _____ day of _____, 20 _____

Policyowner

Social Security No.

Witness

Spouse (required in community property state)

Social Security No.

Witness

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that a community property interest does not exist, and the Company assumes no responsibility for further inquiry regarding the status of such interest. The insured and/or policyowner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Home Office Use Only

The request(s) checked on this form has been approved and recorded by Medico Life and Health Insurance Company.

On: _____ By: _____