



REQUEST FOR POLICYOWNER SERVICE

Policy Number: _____ Insured: _____

The undersigned authorize(s) LifeShield National Insurance Co. to honor the service request(s) indicated below:

☐ CHANGE OF BENEFICIARY – I HEREBY REVOKE ANY DESIGNATION OF BENEFICIARY HERETOFORE MADE BY ME. COPY OF TRUST MUST BE SENT IF BENEFICIARY IS THE TRUST

INSURED: _____

Primary: _____ Date of Birth: _____ %

Primary: _____ Date of Birth: _____ %

Contingent: _____ Date of Birth: _____ %

Contingent: _____ Date of Birth: _____ %

List Percentage you would like each beneficiary to receive totaling 100%

Owner Signature: _____ Date: _____

Owner SSN: XXX-XX-_____

Owner Address _____

Notary signature required only if requested by the company:

BEFORE ME, the undersigned Notary Public, on this date, personally appears _____ known to me to be the person whose name(s) is (are) subscribed to the foregoing instrument and acknowledged to me that he/she executed same for the purposes and consideration therein expressed, and in the capacities therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this _____ day of _____, 20_____.

whose commission expires ____/____/_____.

Notary Seal/Stamp