



LifeShield

NATIONAL INSURANCE CO

REQUEST FOR POLICYOWNER SERVICE

Policy Number: _____ Insured: _____

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

DECREASE FACE AMOUNT (Cannot be less than \$5000.00)

Decrease Face Amount from \$ _____ to \$ _____

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