

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:

□ NAME CHANGE				
□ Insured □ Insured Spouse □ Beneficiary □ Owner □ Other Insured				
Old name in full				
New name in full				
Reason for change:				
Reubon for enunge.				
**MUST SEND IN PROOF OF CHANGE (MARRIAGE LICENSE, DIVORCE DECREE ETC) **				

Owner Signature:		Date:	
	<u>MOWNNAME</u>		
Owner SSN: XX>	<-XX		
Owner			
Address			

	Notary Seal/Stamp
Notary signature required <i>only</i> 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/	

Individual Assurance Company, Life, Health & Accident as Administrator for LifeShield National Insurance Co.

Administrative Office: 5500 Western Ave Suite 200, Oklahoma City, OK 73118 – Mailing Address: P.O. Box 16338, Oklahoma City, OK 73113-0338 Phone: 833-989-0034