



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:

OWNERSHIP CHANGE

I absolutely assign complete ownership and control of this policy to:

Name: _____

Date of Birth: _____ SSN or Tax ID # _____

Address (street, city, state, zip): _____

Signature New of Owner

Relationship to Insured

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