



LIFE ASSURANCE COMPANY, INC.
P.O. BOX 14998
OKLAHOMA CITY, OK 73113

REQUEST FOR SERVICE

Policy Number: _____ Insured: _____
Owner (if other than insured): _____ Date: _____
Mailing Address: _____
Street City State Zip Code

1. Change Beneficiary (PS Dept.)

I hereby revoke existing settlement agreements, if any, and request the Company to change the beneficiary under the above numbered policy as follows:

First Beneficiary: _____
Print Name In Full
Relationship To Insured Age Address of Beneficiary

Contingent Beneficiary: _____
Print Name In Full
Relationship To Insured Age Address of Beneficiary

Include as First Contingent beneficiary all future children born of insured's present marriage.

It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any first beneficiaries who survive the Insured, but if none survives, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured.

2. Transfer Ownership (PS Dept.)

I request that all benefits, rights and privileges incident to ownership of the policy be vested in the new owner named below, and the executors, administrators and assigns, or successors and assigns, of such new owner.

New Owner (Please Print Full Name) Relationship to Insured
Address of New Owner

3. Special Change (PS Dept.)

I request that my policy be changed as follows:

Sign Here For Above Request

I direct that any amendment of policy requested above be effected by return of this request with the Company's acknowledgment. I agree that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.

Representing Company Man No. Div. No. Signature of Owner
The undersigned agrees to the above requests and changes:

Signature of Assignee (if any) Signature of Owner's Wife or Husband (Required in Community Property States) Signature of Irrevocable Beneficiary (if any)

FOR HOME OFFICE USE ONLY
ACKNOWLEDGMENT OF REQUEST FOR CHANGE - PLEASE ATTACH TO POLICY
THE COMPANY has recorded the change requested and retained a photocopy of the request.

Dated at Oklahoma City, Oklahoma _____ By _____



LIFE ASSURANCE COMPANY, INC.
P.O. BOX 14998
OKLAHOMA CITY, OK 73113

REQUEST FOR SERVICE

Policy Number: _____ Insured: _____

Owner (if other than insured): _____ Date: _____

4. Change Name Of Insured Owner (PS Dept.)

From: _____ To: _____
(Former Name - Please Print) (New Name - Please Print)

Reason for Change: _____
If reason other than correction, marriage, or divorce attach copy of legal evidence, if available.

5. Change Mailing Address (PS Dept.)

Change All Policies Change Only These Policy Numbers

From: _____ To: _____
(Former Address - Please Print) (New Address - Please Print)

6. Change Mode of Payment of Premium (PS Dept.)

New Mode: _____ New Mode Premium: _____

7. Issue Duplicate Policy

The original policy has been lost or destroyed and the whereabouts of the policy is unknown to me. I agree to return the original to the company immediately if the original policy shall be found.

Sign Here For Above Request

I direct that any amendment of policy requested above be effected by return of this request with the Company's acknowledgment. I agree that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.

Representing Company

Man No.

Div. No.

Signature of Owner

The undersigned agrees to the above requests and changes:

Signature of Assignee (if any)

Signature of Owner's Wife or Husband
(Required in Community Property States)

Signature of Irrevocable Beneficiary
(if any)

FOR HOME OFFICE USE ONLY

ACKNOWLEDGMENT OF REQUEST FOR CHANGE - PLEASE ATTACH TO POLICY
THE COMPANY has recorded the change requested and retained a photocopy of the request.

Dated at Oklahoma City, Oklahoma _____ By _____