

## REQUEST FOR POLICYOWNER SERVICE

Policy Number: Insured:	
The undersigned authorize(s) LifeShield National Insurance Co. request(s) indicated below:	to honor the service
□ NON-FORFEITURE OPTIONS	
<ul> <li>□ Reduced Life Insurance- The policy continues in force as paid-to benefit is whatever amount the surrender value will buy using the at at the current age.</li> <li>□ Extended Term Insurance. The policy continues in force as particle death benefit equal to the Face Amount less indebtedness. The test the surrender value will buy using the actuarial cost of term insurance.</li> <li>□ Automatic Premium Loan Agreement. If you have elected automatically make a policy loan to pay premiums and interest to the loan value is sufficient. Otherwise, we will pay premiums and month in the current policy year for which the loan value is sufficient to pay one-twelfth of an annual premium, we will pay fraction of a month.</li> </ul>	ctuarial cost of life insurance  aid-up term insurance with a form runs for whatever period te at the current age. The details agreement, we will the next policy anniversary if interest to the end of the last trient. If the loan value is not
Owner Signature: I	Date:
Owner SSN: XXX-XX Owner	
Address	
Notary signature required <i>only</i> if requested by the company:	Notary Seal/Stamp
BEFORE ME, the undersigned Notary Public, on this date,	
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/	