



# 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: \_\_\_\_\_

Current Owner's Signature

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**