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:

☐ **CHANGE OF BENEFICIARY** – I HEREBY REVOKE ANY DESIGNATION OF BENEFICIARY HERETOFORE MADE BY ME. COPY OF TRUST MUST BE SENT IF BENEFICIARY IS THE TRUST

INSURED: MINSNAME

Primary: _____ Date of Birth: _____ _____%

Primary: _____ Date of Birth: _____ _____%

Contingent: _____ Date of Birth: _____ _____%

Contingent: _____ Date of Birth: _____ _____%

List Percentage you would like each beneficiary to receive totaling 100%

Owner Signature: _____ Date: _____

Owner SSN: XXX-XX-_____

Owner Address_____

Notary signature required: 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**