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:

DECREASE FACE AMOUNT (Cannot be less than $5000.00)

Decrease Face Amount from $_____ to $_____

- The NEW Monthly Premiums for Coverage in the amount of $_____ will be $_____.

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**