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:
(NEW OWNER'S INFORMATION)

Name: _____ Phone #:_____

Date of Birth: _____ SSN or Tax ID #_____

_____
Address (street, city, state, zip):

_____
Signature New of Owner Relationship to Insured

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**

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 NAME: _____

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 *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

LifeShield National Insurance Co. Administrative Office: 5500 Western Ave Suite 200, Oklahoma City, OK 73118
Mailing Address: P.O. Box 16338, Oklahoma City, OK 73113-0338 Phone: 833-989-0034 Fax: 385-207-7884

LifeShield
NATIONAL INSURANCE CO

AUTHORIZATION TO HONOR CHECKS DRAWN BY THE
LifeShield National Insurance Co., Oklahoma City, OK

Policy Number:_____ Insured Name: _____

WITHDRAWAL FROM ☐ CHECKING ☐ SAVINGS ACCOUNT

$_____Monthly $_____Quarterly $_____Semi-Annual $_____Annual

PAYMENT FREQUENCY

Pick Any day between the 1st and 28th: _____

Amount to be withdrawn: $_____

Only list the Day of the Month for example: 25th

PAYOR NAME: _____CITY: _____ST: _____

ACCOUNT NUMBER: _____

BANK ROUTING NO: _____

The undersigned hereby requests the above- named Bank to honor checks or Electronic Debits drawn on me by LifeShield National Insurance Co., Oklahoma City, Oklahoma, and to charge such checks or Electronic Debits against my account until further notice. LifeShield National Insurance Co. will indemnify those receivers of ACH Transactions according to the NACHA as well as the local Automated Clearing House Association rules.

SIGNATURE OF PAYOR: _____ DATE: _____

Unless noted on this form, a draft for any back premium due will be made upon receipt of form.

I hereby authorize LifeShield National Insurance Co. to draft all back premium due for my insurance policy referenced above from the account on file with their office.

SIGNATURE OF PAYOR: _____ DATE: _____