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 my current NON-FORFEITURE OPTION to:

☐ **Reduced Life Insurance-** The policy continues in force as paid-up life insurance. The death benefit is whatever amount the surrender value will buy using the actuarial cost of life insurance at the current age.

☐ **Extended Term Insurance.** The policy continues in force as paid-up term insurance with a death benefit equal to the Face Amount less indebtedness. The term runs for whatever period the surrender value will buy using the actuarial cost of term insurance at the current age.

☐ **Automatic Premium Loan Agreement.** If you have elected this agreement, we will automatically make a policy loan to pay premiums and interest to the next policy anniversary if the loan value is sufficient. Otherwise, we will pay premiums and interest to the end of the last month in the current policy year for which the loan value is sufficient. If the loan value is not sufficient to pay one-twelfth of an annual premium, we will pay premiums and interest for a fraction of a month.

Owner Signature: _____ Date: _____

Owner SSN: XXX-XX-_____

Owner
Address_____

Notary signature required:	**Notary Seal/Stamp**
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 _____/_____/_____.	