



Insured's <small>First</small> <input type="text"/> <small>Middle</small> <input type="text"/> <small>Last</small> <input type="text"/> Name	Policy Number(s)
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Owner's Home/Cell Phone (<input type="text"/>) (<input type="text"/>)	Owner's E-mail Address
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CHANGE OF NAME OR ADDRESS

Effective Date / / Owner Insured Payor Prior Name Signature

Prior <small>First</small> <input type="text"/> <small>Middle</small> <input type="text"/> <small>Last</small> <input type="text"/> Name	Prior <small>Street Address</small> <input type="text"/> <small>City</small> <input type="text"/> <small>State</small> <input type="text"/> <small>Zip + 4</small> <input type="text"/> Address
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New <small>First</small> <input type="text"/> <small>Middle</small> <input type="text"/> <small>Last</small> <input type="text"/> Name	New <small>Street Address</small> <input type="text"/> <small>City</small> <input type="text"/> <small>State</small> <input type="text"/> <small>Zip + 4</small> <input type="text"/> Address
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LOANS (LIFE ONLY)

Maximum Specific amount \$ Pay current premium on Policy

WITHDRAWALS (UNIVERSAL LIFE ONLY)

Maximum UL partial surrender Specific amount \$

REDUCTION OR REMOVAL OF BENEFITS

UL Face Amount—Decrease the benefit amount from \$ to \$

Monthly Benefit Amount—Decrease the monthly benefit amount from \$ to \$

Elimination Period—Change elimination period from days to days

Benefit Period—Change benefit period from to

Dependent—Remove the following dependent from plan (*name as it appears on application*)

Riders—Decrease rider from \$ to \$
 Remove rider(s) from plan

ADDING A NEWBORN CHILD

Name First Middle Last Male Female Date of Birth (MM/DD/YYYY) / /

Assurity will only honor this request if notification is received within 31 days from the newborn child's date of birth. If past 31 days, please contact your agent as an application will need to be completed.

PREMIUMS

Change my premium payment to: Annual Semi-annual Quarterly Automatic Bank Draft (*contact us for the appropriate form*)

Universal Life only (*specify amount*) \$

SURRENDER

Surrender Policy (*attach policy*) Policy is lost Tax Withholding No Yes \$ or %

Owner's Social Security / Tax ID No. (*Please note certification above signature line.*)

OTHER REQUESTS

Change life Policy to reduced paid-up Change life Policy to extended term

Request benefit summary (*in lieu of duplicate policy*) Request duplicate Policy (*may require a fee*)

Request duplicate ID card(s) Other

Substitute Form W-9 information (Request for Taxpayer Identification Number and Certification): I, the Owner (or each Joint Owner), certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person (*including a U.S. resident alien*). The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

 Date (MM/DD/YYYY)

 Signature of Owner

 Signature of Agent (if witnessed)

 Signature of