



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

(MM/DD/YYYY)

Effective Date / / Owner Insured Payor Prior Name Signature _____

Prior Name <small>First Middle Last</small>	Prior Street Address <small>City State Zip + 4</small>
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New Name <small>First Middle Last</small>	New Street Address <small>City State Zip + 4</small>
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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 _____