

Please Check One



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

Policyowner Service Request

PO Box 224, Brownwood, Texas 76804-0224 • 5750 County Road 225, Brownwood, Texas 76801 (Overnight) • 800-745-4927 • 866-505-9377 (Fax)

Annuitant's Full Name: _____

Owner's Full Name (if different from annuitant): _____

Contract/Certificate/Policy Number(s): _____ Social Security/Tax ID Number (last four digits): _____

1. CHANGE ADDRESS

To: _____
Number and Street or PO Box

_____ City State Zip

_____ Phone Number

2. CHANGE OF BENEFICIARY

I hereby revoke the existing designation and request the Company to record the beneficiary under the above numbered policy(s) as follows: (If beneficiary is a trust, please send a copy of the trust.)

Change Primary Beneficiary Relationship Social Security Number %

Change Contingent Beneficiary Relationship Social Security Number %

3. CHANGE OF NAME

Reason for Change: Marriage/Divorce Court Order (Attach Copy)

Change Name of: Annuitant/Insured Owner

To: _____

4. PREMIUMS

Change Premium Billing To: Annual Semi-Annual Quarterly

EFT (Electronic Funds Transfer) Add to existing EFT Plan Number: _____

5. REQUEST FOR DUPLICATE POLICY

I hereby certify that Annuity Policy Number(s) referenced above, issued by the Company has been lost or destroyed and that the policy is not assigned or pledged in any way whatsoever. I request a duplicate policy be issued to me, and agree that should the original policy be found or in any way into my possession, I will return it to the Company, its successors or assigns. It is distinctly understood and agreed that the original policy shall become null and void.

6. SPECIAL REQUESTS

Owner Signature _____ Date _____ Print Name _____

Witness Signature _____ Date _____ Print Name _____
(Must be a non-family member over the age of 18)