

Please Check One



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

Policyowner Service Request

PO Box 224, Brownwood, Texas 76804-0224 • 5750 CR 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:

<input type="checkbox"/> Change Primary Beneficiary	Relationship	Social Security Number	%
_____	_____	_____	_____

<input type="checkbox"/> 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 come 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's Signature: _____ Date: _____

Witness Signature: _____ Date: _____