

Service Request Form

I. Account Information

Annuity Contract Number: _____

Contractowner's Name: _____

SSN/Tax ID: _____

Insured/Annuitant's Name: _____

SSN/Tax ID: _____

(If other than Owner)

Joint Owner's Name: _____

SSN/Tax ID: _____

(If applicable)

Owner's Mailing Address: _____

Phone Number: _____

(Please print)

II. Address Change

Option 1: Owner's Address Change

Street

City, State

Zip Code

Option 2: Annuitant's Address Change

Street

City, State

Zip Code

III. Lost Policy

I am not able to find the policy named above. I request that the company issue a certificate which validates all of the provisions of the lost policy. If I locate my original certificate, I will return it to the Company or have it destroyed.

IV. Name Change

Not to be used for Beneficiary or Owner changes. Documentation required for any change.

Correct Name

From: _____ To: _____

Annuitant Owner Joint Owner Primary Beneficiary Contingent Beneficiary

Reason for change: _____

V. Special Requests: _____

I agree that any changed request shall be subject to the provisions of the contract and approval by the Company. It is also agreed that any additional information required by the Company to effect the requested changes will be supplied upon request. Following completion of all requirements, the requested changes made by the application constitute a supplement to the original for the contract and shall form a part of the contract.

Owner's Signature _____ Date: _____

Joint Owner's Signature _____ Date: _____

