



Settlers Life Insurance Company — A Member of the NGL Insurance Group
 1969 Lee Highway, PO Box 8600, Bristol VA 24203-8600

REQUEST FOR SERVICE

Policy/Certificate # _____ Insured's Name _____

TYPE OF SERVICE REQUESTED: (PLEASE PRINT CLEARLY IN INK AND SIGN BELOW.)

1. **CHANGE OF BENEFICIARY:** PRINT FULL NAME, ADDRESS, AGE & RELATIONSHIP OF EACH TO THE INSURED. This beneficiary designation cancels all prior beneficiary designations for the policy. No change in beneficiary is effective until the Company has received written notice of such change. (if more than one person is to share as Primary Beneficiary, please provide the requested information on a separate sheet of paper.) The beneficiary for the Policy shall be:

Primary Beneficiary:

Name	Age	Relationship
Address	Social Security #	

Contingent (Secondary) Beneficiary:

Name	Age	Relationship
Address	Social Security #	

2. **CHANGE OF NAME** for: Insured Owner Payor Beneficiary

To _____ Reason _____
 (Marriage, Divorce, etc.)

Address _____
 _____ City _____ State _____ Zip Code _____

3. **CHANGE OF BILLING ADDRESS** to: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED IN ALL CASES:

Insured _____ Owner (If other than Insured) _____

Address _____ Address _____

Phone No. _____ Phone No. _____

Insured's Soc Sec # _____ Owner's Soc Sec # _____

Date _____ Signature of Owner _____