



SETTLERS LIFE INSURANCE COMPANY

A Member of the NGL Insurance Group

1969 Lee Highway • P.O. Box 8600 • Bristol, Virginia 24203-8600
Ph: (800) 542-8711 • Fax: (276) 645-4398 • www.settlerslife.com

REQUEST FOR SERVICE

Policy/Certificate No. _____ Insured: _____

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

1. CHANGE MODE OF PAYMENT to: Annual Semiannual Quarterly PAC _____

2. 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. The beneficiary of the policy shall be:

Primary Beneficiary:

Name _____ Age _____ Relationship _____

Address _____ Social Security Number _____

Contingent Beneficiary:

Name _____ Age _____ Relationship _____

Address _____ Social Security Number _____

3. CHANGE OF NAME of: (due to marriage, divorce, etc.) Insured Owner Payor Beneficiary
to _____ Reason _____

(Marriage, Divorce, etc.)

Address _____ City _____ State _____ Zip _____

4. REQUEST FOR VERIFICATION OF INSURANCE:

Reason: Policy/Certificate Lost Policy/Certificate Destroyed Other

5. I hereby request the above change(s)

Insured: _____ Owner (If other than Insured): _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Insured's SSN: _____ Owner's SSN: _____

Date: _____ Signature of Owner: _____

Policy/Certificate No. _____ Insured: _____

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

6. SURRENDER FOR CASH VALUE: (Return Policy.)

I request payment of the net cash value in exchange for surrender of the attached policy. No bankruptcy proceedings are outstanding against me, and no liens are pending against the policy, except as follows:

7. TRANSFER OF OWNERSHIP: To be signed by New Owner; Current Owner Must Also Sign in Block 10. I request that all rights and privileges incidental to ownership be vested in the new owner name herein, and the executors, administrators, assigns, or successors and assigns of such owner.

Name: _____ Federal I.D. No./Soc. Sec. No. _____

Address _____ Date _____

Signature of New Owner - I Agree to be responsible for payment of all premiums.

8. SPECIAL REQUEST: _____

9. POLICY LOAN AGREEMENT:

Issue check for \$: _____ Maximum Amount

Pay Premium on Policy No.(s)

Other

1. The contract and all money due thereunder, and every right, title and interest in and to the same is hereby assigned to Settlers Life Insurance Company as security for this loan and interest thereon, which with all other indebtedness to the Company on said contract shall be a first lien thereon.
2. The loan shall bear interest from the date hereof and shall be subject to all the provisions of said contract.
3. The loan is applied for and granted at the Administrative Office of said Company in Bristol, Virginia, where the loan and all interest thereon are payable.
4. The date hereof shall be the date when such loan is made, which in the case of premium payment shall be the due date of such premium.

10. I hereby request the above change(s)

The following information below must be completed in all cases.

Insured: _____ Owner (If other than Insured): _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Insured's SSN: _____ Owner's SSN: _____

Date: _____ Signature of Owner: _____
