

# Service Request Form



Innovation is Our Policy

Fidelity Life Association  
 P.O. Box 5030  
 Des Plaines, IL 60017  
 Tel 800-369-3990  
 Fax 866-375-8175

**Policy Number** \_\_\_\_\_

**Owner** \_\_\_\_\_

**Social Security Number of Owner:** \_\_\_\_\_

**Insured** \_\_\_\_\_

**Phone Number of Owner:** \_\_\_\_\_  
 (including area code)

**Address Change:** (may also be completed by contacting our office if you are the owner or active agent of record)

Check One:  Owner  Insured  Payer

\_\_\_\_\_ Street Address

\_\_\_\_\_ Phone Number (including area code) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

**Name Change:** (This section does not change your ownership or beneficiary designation – not for corporation, trusts or partnerships)

Check One:  Owner  Insured  Beneficiary \_\_\_\_\_  
 Other Print Previous Name

**Reason for Name Change:** \_\_\_\_\_  
 Print New Name\*\*

Check One:  Marriage  Divorce  Other\*

\*Please explain in Special Instructions section on page 2 and submit documentation  
 \*\*The Signature section on Page 2 must also be completed

**Beneficiary Change:**  
 I (we) ask that the beneficiary be changed as shown. Assuming this form is in good order, the change is effective when the company receives it. All prior beneficiary designations are revoked. This change does not need to be endorsed on the policy. Unless otherwise stated: a) primary beneficiaries will share to proceeds equally; and b) if no primary or contingent beneficiary survives the insured by 15 days, or as specified in your contract, the proceeds will then go to the estate of the insured; and c) the share of a deceased beneficiary will pass equally to the surviving beneficiaries.

Names and Addresses of Primary Beneficiaries	Relationship to Owner	%	Date of Birth

Names and Addresses of Contingent Beneficiaries	Relationship to Owner	%	Date of Birth

- The new designation cancels all previous designations, subject to the rights of any existing assignment. Please note: The names of the primary beneficiary(ies) must always be stated when a beneficiary change request is submitted.
- Unless otherwise indicated, the right to change the beneficiary is reserved by the owner(s).
- Percentage: Allocations must total 100%. Please use percentages rather than dollar amounts.
- If more space is needed, please utilize the Special Instructions section, or attach a separate sheet with policy number, owner's signature and date. Note: Any and all attachment pages must include the policy number, the owner's signature and the date.

**Non-forfeiture Option and Automatic Premium Loan Provision:** (Life Policies Only)

If I stop paying premiums when due after a cash value is first available, I elect the following option. The Company and I agree to waive all requirements that a change be endorsed on the policy.

Check One:  Add  Delete Automatic Premium Loan (APL)  
 Add  Delete Extended Insurance (ETI), if available  
 Add  Delete Reduced Paid-Up (RPU), if available

- See policy for details on each provision

**Special Instructions:**

**Signatures:**

By signing below, the Owner(s) hereby certify that the information provided in this request is complete and accurate, and understand that this request will be processed according to the information provided. If there is any inconsistency between the language in this form and the policy, the policy language will apply.

_____ Name of Owner	_____ Owner's Signature (current) (if corporate, trust or partnership owned, note title of Officer, trustee or partner, respectively.)	_____ Date
_____ Name of Joint Owner (if any) (please print)	_____ Joint Owner's Signature (if any)	_____ Date
_____ Name of Irrevocable Beneficiary (if any)	_____ Irrevocable Beneficiary's Signature (if any)	_____ Date

**Spousal Consent for Community Property States:** If the policy is a resident of AZ, CA, ID, LA, NV, NM, TX, WA or WI, spousal consent is required unless the participant has no legal spouse. Please note, that without the spousal signature (if applicable), we will not be able to process the request.

\_\_\_\_\_  
Spousal Signature

\_\_\_\_\_  
Date

Policy owner has no legal spouse.