

**ASSURITY LIFE INSURANCE COMPANY**

P.O. Box 80926 • Lincoln, NE 68501-0926

Toll Free 1-866-289-7337

# Request for Policy Change

Policy Number(s) \_\_\_\_\_ Issued to \_\_\_\_\_

**1. Change of Name:**

FROM: \_\_\_\_\_  
Last First Middle

TO: \_\_\_\_\_

Reason for name change:  Correction  Marriage  Other \_\_\_\_\_

**2. Change of Beneficiary - In equal shares to each:**

Full Name	Relationship To Insured	Social Security #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

**3. Change in coverage:**

Remove (Rider/Benefit) \_\_\_\_\_ (Amount/Units) \_\_\_\_\_ To be effective (MM/DD/YY) \_\_\_\_\_

Reduce (Rider/Benefit) \_\_\_\_\_ (Amount/Units) \_\_\_\_\_ To be effective (MM/DD/YY) \_\_\_\_\_

**4. Surrender of Policy:**

I, \_\_\_\_\_, owner of the above listed policy(ies), hereby surrender the policy(ies) for the cash value. The said cash value is accepted in full and all rights terminated under the policy. My current address is listed below.

**5.  Request for Certificate of Coverage (no charge)**

**6.  I elect to continue this policy and assume the rights as the primary insured. (Enclose death certificate)**

Name of New Primary Insured: \_\_\_\_\_

New Primary Insured's Date of Birth: \_\_\_\_\_

New Primary Insured's Social Security Number: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I declare to the best of my knowledge and belief the answers to the above questions are complete and true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured/Owner Signature

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, State, Zip Code