WORLD INSURANCE
P.O. Box 14556, Des Moines, Iowa 50306-3556
National Headquarters – Omaha, Nebraska

Request for Service

Insured	Owner *(If other than insured)*	Policy #

1. ☐ **Name Change** ☐ Insured ☐ Payor ☐ Owner ☐ Beneficiary
(For ownership changes, complete item #7)

_____
Former Name

_____
New Name

Reason ☐ Marriage ☐ Divorce ☐ Correction
☐ Other - Attach copy of Legal Evidence

2. ☐ **Address Change**

_____
Street

_____
City *State* *ZIP*

3. ☐ **Change Dividend Option To**
- ☐ Pay in Cash
- ☐ Accumulate at Interest
- ☐ Reduce Premium
- ☐ Buy Paid-Up Additions
- ☐ Reduce Loan
- ☐ Other _____
- ☐ _____

4. ☐ **Change Non-Forfeiture Option To**
- ☐ Automatic Premium Loan
- ☐ Extended Term Insurance
- ☐ Reduced Paid-Up Insurance

5. ☐ **Lost Policy Certification** ☐ Certificate *(No Charge)* ☐ Duplicate Policy *($20.00)*

Being of lawful age, I do hereby certify the above described policy has been lost or destroyed, that it has not been delivered to any person or business enterprise for any right, title or interest in it. Based on the foregoing statement, I request the issuance of a Certificate of Insurance for said lost policy. In consideration of granting my request without surrender of original policy, I hereby promise and agree to indemnity and hold the Company harmless from any and all loss or injuries which it may incur as a result of granting my request. I further agree to immediately return the original policy if found.

6. ☐ **Change of Beneficiary**

Cancel all previous beneficiary designations and settlement options selected under the above numbered policy and change the beneficiary of the policy as designated below, with right of revocation. ***(Complete beneficiary designation must be restated when change is made.)***

Primary Beneficiary Name	*Address*	*Age*	*Relationship*

Contingent Beneficiary Name	*Address*	*Age*	*Relationship*

It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the insured, but if none survives, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured. All beneficiaries joining herein waive and release all rights or interest in said Policy.

7. ☐ **Transfer of Ownership — *Please print full Name of Primary and Contingent Owner and Relationship to Insured.***

I request that all benefits, rights and privileges, incident to ownership of the policy be vested in the new owner named below, and the executors, administrators and assignees, or successors and assignees of such new owner.

New Owner Name	*Social Security Number*	*Relationship*

Contingent Owner Name	*Social Security Number*	*Relationship*

**Contingent Owner should be designated in all cases where insured is not owner*

_____
New Owner's Street Address *City* *State* *ZIP*

Under penalties of perjury, I certify that this is my correct Social Security Number and that I am not subject to backup withholding.

X _____
New Owner Signature

The item(s) checked above has been requested by the policy owner and will take effect upon approval by the Company at its Home Office; and that the Company's endorsement of this change be accomplished by returning a copy of this request for attachment to the policy.

X *Policy Owner Signature*	*Date*	*Witness*

X *Assignee, Irrevocable Beneficiary, Co-Owner Signature*	*Date*	*Witness*

Home Office Use Only

The request(s) checked in the above section(s) has been approved and recorded by W.I.C.

On: _____ By: _____