GREAT WESTERN INSURANCE COMPANY

P.O. Box 14410
Des Moines, IA 50306-3410

1-800-733-5454
www.gwic.com

Request for Service

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

I am requesting Great Western Insurance Company (the "Company") to make the following change(s):

1. ❑ Name Change

❑ Insured ❑ Payor ❑ Owner ❑ Beneficiary

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

4. ❑ Change Non-forfeiture Option To:

❑ Automatic Premium Loan
❑ Extended Term Insurance
❑ Reduced Paid-Up Insurance

5. ❑ Lost Policy Form/Duplicate Policy ❑ Form *(No Charge)* ❑ Duplicate Policy *($10.00)*

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 Lost Policy Form 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. ❑ Extended Term Insurance *(This option is not available in some policies. Policy not required.)*

I request the Automatic Premium Loan Provision, if in effect, be revoked and to continue this policy and any rider, if applicable, as extended term insurance as provided by the policy effective _____ with the premium due on that date being unpaid.
(date)

7. ❑ Paid-Up Insurance or Annuity *(Policy not required.)*

I request the Automatic Premium Loan Provision, if in effect, be revoked and to continue this policy and any rider, if applicable, as paid-up term, paid-up life, paid-up endowment or paid-up annuity for the net amount of insurance or annuity as provided by the policy effective _____ with the premium due on that date being unpaid.
(date)

By this election, I hereby revoke all other and former designations made by me. I make this election subject to all of the conditions and provisions of said policy as well as any existing assignment and unless otherwise provided by me in this request for service. I expressly reserve the full and absolute right to make other and further changes at anytime I may elect.

Signed this _____ day of _____, 20 _____

_____	_____	_____
Policyowner	*Social Security No.*	*Witness*
_____	_____	_____
Spouse (required in community property state)	*Social Security No.*	*Witness*

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that a community property interest does not exist, and the Company assumes no responsibility for further inquiry regarding the status of such interest. The insured and/or policyowner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Policies issued in Oregon may not be canceled, modified, terminated or allowed to lapse after a petition for marital annulment, separation or dissolution is filed and upon service of summons and petition, until a final decree or judgment is issued, the petition is dismissed or until further order of the court.