



3434 Washington Blvd., Ste. 100
 Ogden, Utah 84401
 Phone: (866) 689-1401
 Fax: (801) 689-1391

POLICYHOLDER SERVICE REQUEST

OWNER (if other than insured)	INSURED	POLICY NUMBER (one policy only)
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Current policyowner must sign and date the reverse side of this form.

1. Funeral Home Changes: Remove Change

Previous Funeral Home Name	New Funeral Home Name
Tax ID Number	Tax ID Number
Phone Number	Phone Number
Address	Address
City, State, Zip	City, State, Zip

Add Beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Remove Beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Name _____ Age _____	Name _____ Age _____
Social Security Number _____	
Relationship to Insured _____	Relationship to Insured _____
Phone Number _____	Phone Number _____
Address _____	
City, State, Zip _____	

Proceeds will be paid in equal shares to all primary beneficiaries who survive the insured, but if none survive the insured, proceeds will be paid in equal shares to all contingent beneficiaries who are living. This change cancels any previous beneficiary designation or settlement agreement.

2. Name Change of: **** Note: This change will NOT transfer ownership rights. ****
 Insured Owner

Former Name (Please Print) New Name) Please Print

Reason for change: _____

3. Ownership Change:
New owner signs here; current owner signs reverse side of form.

Print Name of New Owner Social Security # of New Owner Signature of New Owner

Address of New Owner Witness (Non-Family Member)

