

ASSURITY LIFE INSURANCE COMPANY

1526 K Street • PO Box 82533
Lincoln, NE 68501-2533
Phone: 800-869-0355 • Fax 402-437-4638

Service Request Form

Insured's Name _____

Policy Number _____

Current Owner's Home/Cell Phone: _____

Current Owner's Business Phone: _____

Change of Name or Address

Owner Insured Payor Other _____

Effective Date _____

Prior Name/Address

New Name/Address

Loans (Life Only)

Maximum
 Specific Amount \$ _____

Withdrawals (Life Only)

Accumulated Dividends Cash Value of Paid-Up Insurance Premium Deposit Fund UL Partial Surrender
(Complete sections 1 and 2)

1. <input type="checkbox"/> Maximum <input type="checkbox"/> Specific Amount \$ _____	2. <input type="checkbox"/> Paid in Cash <input type="checkbox"/> Pay current premiums on # _____ <input type="checkbox"/> Loan Payment on # _____ <input type="checkbox"/> Buy paid-up additions <i>(may require evidence of insurability)</i>
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Withdrawals (Annuity Only)

Specific Amount \$ _____ Tax Withholding No Yes (10%) Yes, \$ _____ or _____%
Owner's Social Security / Tax ID Number _____

Dividend Changes (Life Only)

Paid in Cash Accumulate at Interest Purchase Paid-up Additional Insurance Apply to Policy Loan Reduce Premium
 Premium Offset – Balance of dividends (if any) to: Accumulate at Interest Purchase Paid-up Additional Insurance

Premiums

Change my premium payment to:
 Annual Semiannual Quarterly EFT Universal Life Only (specify amount): \$ _____

Surrender

Surrender Policy (return policy with this form) Policy is Lost Tax Withholding No Yes (10%) Yes, \$ _____ or _____%
Owner's Social Security / Tax ID Number _____

Other Requests

Change Life Policy to Reduced Paid-Up Change Life Policy to Extended Term
 Request Benefit Summary (in lieu of duplicate policy) Request Duplicate Policy (may require a fee)

Miscellaneous

Date _____

Signature of Owner _____

Signature of Agent (if witnessed) _____

Signature of Joint Owner _____

Home Office Use Only

