

AMERUS Life Insurance Group

AmerUs Life Insurance Company • 800/800-9882
P.O. Box 1555 • Des Moines, Iowa 50306-1555
 Indianapolis Life Insurance Company • 800/428-7031
P.O. Box 14590 • Des Moines, IA 50306-3590

Policy Service Form

Please check appropriate company. ONE BOX MUST BE CHECKED.

CHECK APPROPRIATE SECTION(S) (Please print or type all information *except* signatures. Please use black ink.)

SECTION 1:

Insured: _____ Policy Number: _____
Owner: _____ Telephone No. of Owner: (____)____-____
Owner's Address: _____ Address Change Requested:

I request the following service at applicable rates and rules currently in effect:

SECTION 2:

1. PREMIUM/METHOD OF PAYMENT CHANGE

Change Mode to: Annual Semi-Annual Quarterly

Change Mode Premium to: \$ _____ (Available *only* on Universal Life policies)

Note: If requesting to change method of payment to Monthly Pre-Authorized Check Plan - PLEASE COMPLETE THE PRE-AUTHORIZED CHECK (PAC) AUTHORIZATION FORM

SECTION 3:

2. DIVIDENDS

Change Future Dividend Option to:

Purchase Paid-Up Additional Insurance Reduce Premiums Pay in Cash Deposit to Accumulate at Interest*
 Reduce Policy Loan

Withdraw Previously Earned Dividends:

Maximum amount available A check for \$ _____ Pay _____ mos. Premium on Policy # _____

Reduce Loan on Policy # _____

Use Previously Earned Dividends to:

Purchase Paid-Up Additional Insurance (If increase in risk is over \$5,000, evidence of insurability is required.)

SECTION 4:

3. NONFORFEITURE - I elect the following Nonforfeiture Provision and revoke the previous Nonforfeiture Provision

Reduced Paid-Up Insurance (RPU): Loan to be paid from Cash Value Loan to remain outstanding (only on pre-1965 issues)

Extended Term Insurance (ETI): Pay dividends in Cash *or*, Use dividends to purchase Extended Term Insurance

Automatic Premium Loan (APL): APL to maximum, then to ETI *or*, APL to maximum, then to RPU

Owner's Social Security Number* _____ Check if applicable: Do not withhold taxes Withhold taxes

* Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, and (2) that I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or, (c) the IRS has notified me that I am no longer subject to backup withholding. Refer to IRS Form W-9 for complete information regarding backup withholding and Taxpayer Identification Numbers.

SECTION 5:

I ACKNOWLEDGE THAT this request is subject to the provisions and conditions of the policy and the Company may request additional information or impose additional requirements.

Signature of Owner (Title of Officer if Corporation or Trustee, if applicable) _____ Date _____

Signature of Assignee and Title, if applicable _____

Other Required Signatures (Additional Owners or Irrevocable Beneficiaries, if any)

NOTE:

1. Owner must sign. If Owner is a corporation, an officer (other than the Insured) must sign. If Owner is a trust, the trustee must sign as "trustee".
2. If policy is collaterally assigned, assignee must also sign this request.

