



# GREAT WESTERN

INSURANCE COMPANY

3434 Washington Blvd Ste. 100. • Ogden, Utah 84401 • 801-689-1401 Voice • 801-689-1391 Fax

## POLICYHOLDER SERVICE REQUEST

OWNER (if other than insured)

INSURED

POLICY NUMBER (one policy only)

◆ *Current Policyowner Must Sign and Date The Reverse Side Of This Form.*

1. **Funeral Home Changes:**     Remove     Change

<i>Old Funeral Home</i>	<i>New Funeral Home</i>
Name	Name
Phone Number	Phone Number
Address	Address
City, State, Zip	City, State, Zip

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

From (Former Name—Please Print)

To (New Name—Please Print)

Reason for change: \_\_\_\_\_

3. **Ownership Change:**

*New owner sign here; current owner sign reverse side of form.*

Print Name of New Owner

Soc Sec # of New Owner

Signature of New Owner

Address of New Owner

Witness (Non-Family Member)

**4. Irrevocable Assignment of Benefits**

As the owner of the life insurance referred to above, I hereby irrevocably assign and transfer all the policy benefits and proceeds of such policy to \_\_\_\_\_  
Mortuary Name

I make this irrevocable assignment of benefits in connection with a pre-paid funeral plan which I have entered into, and I understand fully the effect of this assignment and transfer.

Designation of a beneficiary by me before or after the date of this assignment is subject to this assignment and transfer.

It is my intention, as owner of the policy referred to above, to continue to pay the premiums and to retain ownership of the policy.

**5. Would you like to take a policy loan?**

Issue check for \$ \_\_\_\_\_

or  maximum amount available.

Make check payable to policyowner

Make check payable to \_\_\_\_\_

**Loan Agreement**

In consideration of the loan made by Great Western Insurance Company, I assign the policy to the company as sole security for the repayment of the loan with interest subject to the provisions of the policy. I certify that no Bankruptcy Proceedings, attachment, tax or other lien or claim is now pending against me and that the policy has not been previously assigned.

**6. Do you need to surrender your policy? Please submit policy. If policy is lost, mark this box**

The cash surrender value is requested and will be accepted in full payment and release of all claims under the policy. The surrender will be effective when this request is received by the Company at its Office in Ogden, Utah.

Make check payable to Policyowner

Make check payable to \_\_\_\_\_

I certify that no bankruptcy proceedings, attachment, tax or other lien or claim is now pending against me, and that the policy has not been previously assigned.

**7. Address/Telephone Number change for current policyowner:**

\_\_\_\_\_

**8. Additional Request (Any Other Changes Not Listed Above)**

\_\_\_\_\_

**SIGNATURES**

I/we agree that my/our signature(s) below shall apply to each request which has been completed on either side of this form

\_\_\_\_\_  
Witness (Non-Family Member)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Policyowner (if owned by a company, show title)

\_\_\_\_\_  
Irrevocable Beneficiary/Assignee Signature

\_\_\_\_\_  
Spouse's Signature required in a Community Property State  
(If none, state NONE—Form will not be accepted unless completed)

RECORDED AT THE HOME OFFICE ON \_\_\_\_\_ BY \_\_\_\_\_