



P.O. Box 14410
 Des Moines, IA 50306-3410
 Fax: 515-247-2435
 Phone: 800-995-9010
 www.gwic.com

Request for Service

Submit one form per policy

Owner (if other than insured)	Insured	Policy Number
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Current policyowner must sign and date the reverse side of this form.

1. Funeral home changes: Remove Change

New Funeral Home Name	Previous Funeral Home Name
Tax ID Number	Tax ID Number
Phone Number	Phone Number
Address	Address
City, state, ZIP	City, state, ZIP

2. Beneficiary changes

Add Beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Remove Beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Name		Name	
Social Security number		Social Security number	
Relationship to insured	Phone number	Relationship to insured	Phone number
Address		Address	
City, state, ZIP		City, state, ZIP	

3. Name change of: Insured Owner

Please attach copy of supporting relevant documentation (e.g., marriage license, driver's license)

****Note: This will NOT transfer ownership rights.****

 Please print former name

 Please print new name

Reason for change: _____

4. Ownership change:

New owner must sign here; current owner must sign on reverse side of this form.

 Print name of new owner

 Relationship to insured

 Signature of new owner

 Address of new owner

 Witness (non-family member)

5. Irrevocable assignment of benefits

As the owner of the life insurance policy/certificate, I hereby irrevocably assign and transfer the death benefits of this policy/certificate to the following funeral home as their interest may appear:

Funeral home name

I understand fully the effects of this assignment and transfer. I understand that by irrevocably assigning the benefits, I waive my rights to access the cash value, including surrendering the policy/certificate for its cash value and obtaining a loan.

Beneficiary designations are subjects to this assignment and transfer.

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

Irrevocable beneficiary/assignee signature

Current Policyholder

6. Policy loan

Issue check for \$ _____ or maximum amount available

Make check payable to the policyowner

Make check payable to: _____ Address: _____

Reason for check designation: _____

Loan Agreement

In consideration of the loan(s) made by Great Western Insurance Company, I assign the policy to the Company as sole security for the repayment of the loan(s) with interest subject to the provisions of the policy. I certify that no bankruptcy proceedings, attachments, taxes, or other liens or claims are now pending against me and that the policy is not otherwise assigned.

7. Policy surrender

I request the cash surrender value of the policy and will accept such as full payment. I also release all claims under the policy. The surrender will be effective when this request is received by the Company.

Make check payable to the policyowner

Make check payable to: _____ Address: _____

Reason for check designation: _____

I certify that no bankruptcy proceedings, attachments, taxes, or other liens or claims are now pending against me and that the policy is not otherwise assigned.

8. Address/telephone number change for: Policyowner Insured Beneficiary

New address: _____ New Phone Number: _____

9. Additional request (any other changes):

Signatures

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

Witness (non-family member)

Date

Current policyholder

Irrevocable beneficiary/Assignee signature

Spouse's signature required in Community Property States
(If none, write NONE. Form will not be accepted unless completed.)

Current policyholder's current address

Current policyowner's date of birth

Irrevocable assignment changes will not be accepted unless form is signed both here and above in Section 5.