



Policy Owner Service Request

Insured Name: _____

Owner's Full Name (if different from insured): _____

Policy Number(s): _____

Social Security/Tax ID Number (last four digits): _____

1. CHANGE ADDRESS To:

Number and Street or PO Box

City State Zip

Phone Number

2. CHANGE OF BENEFICIARY

I hereby revoke the existing designation and request the Company to record the beneficiary under the above numbered policy(s) as follows:

<input type="checkbox"/> Change Primary Beneficiary	Relationship	Social Security Number	%
_____	_____	_____	_____

<input type="checkbox"/> Change Contingent Beneficiary	Relationship	Social Security Number	%
_____	_____	_____	_____

3. CHANGE OF NAME

Reason for Change: Marriage/Divorce Court Order (Attach Copy)
Change Name of: Insured Owner

To: _____

Please attach a copy of proof of name change (marriage certificate, divorce decree)

4. PREMIUMS

Change Premium Billing To:

Annual Semi-Annual Quarterly EFT (Electronic Funds Transfer)

Add to existing EFT Plan Number: _____

5. REQUEST FOR DUPLICATE POLICY

I hereby certify that Life Policy Number(s) referenced above, issued by the Company has been lost or destroyed and that the policy is not assigned or pledged in any way whatsoever. I request a duplicate policy be issued to me, and agree that should the original policy be found or in any way come into my possession, I will return it to the Company, its successors or assigns. It is distinctly understood and agreed that the original policy shall become null and void.

6. SPECIAL REQUESTS

Owner's Signature:

_____ Date: _____

Spouse's Signature (if applicable) :

_____ Date: _____

Securico Life Insurance Company
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