ASSURITY® LIFE INSURANCE COMPANY
Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (888) 707-3987 • FAX (402) 437-4591

Assurity® at Work SERVICE REQUEST

Insured's Name *First Middle Last*	Policy Number(s)
Owner's Home/Cell Phone ( ) /( )	Owner's E-mail Address

CHANGE OF NAME OR ADDRESS

(MM/DD/YYYY)
Effective Date ___/___/___ ☐ Owner ☐ Insured ☐ Payor Prior Name Signature _____

Prior Name *First Middle Last*	Prior Address *Street Address City State Zip + 4*
New Name *First Middle Last*	New Address *Street Address City State Zip + 4*

LOANS *(LIFE ONLY)*

☐ Maximum ☐ Specific amount $ _____ ☐ Pay current premium on Policy _____

WITHDRAWALS *(UNIVERSAL LIFE ONLY)*

☐ Maximum ☐ UL partial surrender ☐ Specific amount $ _____

REDUCTION OR REMOVAL OF BENEFITS

☐ **UL Face Amount**—Decrease the benefit amount from $ _____ to $ _____

☐ **Monthly Benefit Amount**—Decrease the monthly benefit amount from $ _____ to $ _____

☐ **Elimination Period**—Change elimination period from _____ days to _____ days

☐ **Benefit Period**—Change benefit period from _____ to _____

☐ **Dependent**—Remove the following dependent from plan *(name as it appears on application)* _____

☐ **Riders**— Decrease rider _____ from $ _____ to $ _____

Remove rider(s) _____ from plan

ADDING A NEWBORN CHILD

First Middle Last *(MM/DD/YYYY)*
Name _____ ☐ Male ☐ Female Date of Birth ___/___/___

Assurity will only honor this request if notification is received within 31 days from the newborn child's date of birth. If past 31 days, please contact your agent as an application will need to be completed.

PREMIUMS

Change my premium payment to: ☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Automatic Bank Draft *(contact us for the appropriate form)*

Universal Life only *(specify amount)* $ _____

SURRENDER

☐ Surrender Policy *(attach policy)* ☐ Policy is lost Tax Withholding ☐ No ☐ Yes $ _____ or _____ %

Owner's Social Security / Tax ID No. _____ *(Please note certification above signature line.)*

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)*
☐ Request duplicate ID card(s)
☐ Other _____

Substitute Form W-9 information *(Request for Taxpayer Identification Number and Certification)*: I, the Owner *(or each Joint Owner)*, certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person *(including a U.S. resident alien)*. The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

Date (MM/DD/YYYY) _____ *Signature of Owner* _____

Signature of Agent (if witnessed) _____ *Signature of Joint Owner* _____