



Policyowner's Change and Service Request

NOTICE: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim or other document containing a false or deceptive statement is guilty of insurance fraud.

Instructions - The owner of the policy must effect any change on the policy. The policy number and insured are to be clearly indicated on this form, and the appropriate box(es) are to be checked for item(s) to be changed. **In all cases, the form must be signed and dated on page 2**, by the current owner, assignee if assigned and if business owned, by an officer, partner, or trustee of the company other than the named insured. *Must be completed in ink.

THE UNDERSIGNED REQUESTS and DIRECTS Union Central to CHANGE POLICY NUMBER: _____
on the life of _____ as follows:

BENEFICIARY CHANGE

Full given name, relationship and address of each beneficiary must be shown. If beneficiary is other than an individual, state whether corporation or partnership. If the beneficiary is a class (such as "children of the marriage of . . . to . . ."), check the box marked class and provide the information requested for each current member of the class. If the beneficiary change is to a person or entity other than spouse, spouse must sign as witness, if applicable.

I HEREBY REVOKE ALL PREVIOUS BENEFICIARY DESIGNATIONS AND SETTLEMENT OPTIONS FOR THE ABOVE POLICY.
The beneficiary designation shall be as shown below. The rights of the beneficiary will be subject to the rights of any assignee of record. If an ownership and beneficiary change is being made simultaneously on this document, it is understood that the new owner is effecting the change of beneficiary.

PRIMARY CLASS: Name of Class _____

Full Name _____ SS# _____ Date of Birth _____

Address _____ Relationship _____

Full Name _____ SS# _____ Date of Birth _____

Address _____ Relationship _____

Full Name _____ SS# _____ Date of Birth _____

Address _____ Relationship _____

Full Name _____ SS# _____ Date of Birth _____

Address _____ Relationship _____

CONTINGENT CLASS: Name of Class _____

Full Name _____ SS# _____ Date of Birth _____

Address _____ Relationship _____

Full Name _____ SS# _____ Date of Birth _____

Address _____ Relationship _____

Full Name _____ SS# _____ Date of Birth _____

Address _____ Relationship _____

Full Name _____ SS# _____ Date of Birth _____

Address _____ Relationship _____

Unless otherwise indicated, the proceeds of the policy are to be paid in one sum, or if two or more beneficiaries are named in a class (Primary or Contingent), all members of the class who survive the insured will SHARE equally in any payment(s) due. The above change must be witnessed by a disinterested person (other than the beneficiary).

Witness Signature _____ Date _____

The Union Central Life Insurance Company, P.O. Box 40888, Cincinnati, Ohio 45240

Policy Number

NAME CHANGE INSURED OWNER PAYOR ASSIGNEE BENEFICIARY

From _____ To _____

Reason for Change _____

NOTE: If the reason for the name change is other than marriage, a certified copy of the court order is required.

OWNERSHIP CHANGE

New Owner's Social Security Number _____

NOTE: If an ownership and beneficiary change is being made simultaneously in this document, it is understood that the new owner designated is effecting the change of beneficiary.

If new owner and beneficiary is a trustee, use form UC 518-T.

From _____ To _____

Address _____ Address _____

From the effective date hereof, the owner designated above alone may exercise every privilege and enjoy every benefit granted under this policy except that, if there is an irrevocably designated beneficiary, the owner may exercise this right only with the consent of such beneficiary. This change is subject to the rights and any assignee of record at the Home Office.

PREMIUM PAYOR CHANGE

Name _____

Address _____

Address _____

City _____ State _____ Zip _____ Country _____

Relationship to Policy: INSURED OWNER EMPLOYER ASSIGNEE OTHER Explain _____

RELEASE OF CREDITOR'S ASSIGNMENT

Dated _____

For value received, the undersigned assignee hereby releases all right, title and interest in this policy.

DECLARATIONS: The undersigned hereby declares that:

- (1) I own the above policy and request the actions indicated, knowing community property law may require spouse consent; and
- (2) No bankruptcy proceedings are now pending against the owner.

IMPORTANT: Please note, if the policyowner is a resident of a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, and WI), the policyowner's spouse is required by that state to sign this form as "Other Required Signature". The form will be returned if incomplete. If the policyowner has never been married, then please state "Not Married" on the "Other Required Signature" line. If the policyowner is divorced or the spouse is deceased, we will need verification of this for our records for future requests, ie, certified copy of death certificate, certified copy of divorce decree.

Owner Signature _____ Date _____

Other Required Signature _____ Date _____

If Business Owned: Please check appropriate box: Individual/Sole Proprietor Corporation Partnership Trustee

Business Name _____

Business Signature and Title _____ Date _____

(Signature MUST be that of an Officer, Partner, or Trustee of the company, other than the Insured.)

Assignee's Signature _____ Date _____

Acknowledgment: **The Union Central Life Insurance Company**(From Agency No. _____) NOTE: Mail completed document to Owner Agency No. _____

The Union Central Life Insurance Company, P.O. Box 40888, Cincinnati, Ohio 45240