ASSURITY® LIFE INSURANCE COMPANY
Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 869-0355 • FAX (888) 255-2060

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

☐ Owner ☐ Insured ☐ Payor Effective Date *(MM/DD/YYYY)* / /

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 *(LIFE ONLY, complete sections 1 and 2)*

☐ Accumulated Dividends ☐ Cash Value of Paid-Up Insurance ☐ Premium Deposit Fund ☐ UL Partial Surrender

1. ☐ Maximum ☐ Specific Amount $

2. ☐ Paid in Cash ☐ Pay current premium on Policy ☐ Loan Payment on Policy
☐ Pay current and all future premiums on Policy ☐ Buy paid-up additions *(may require evidence of insurability)*

WITHDRAWALS *(ANNUITY ONLY)*

☐ Specific Amount $ Tax Withholding ☐ No ☐ Yes $ or %

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

DIVIDEND CHANGES *(LIFE ONLY)*

☐ Paid in Cash ☐ Accumulate at Interest ☐ Purchase Paid-up Additional Insurance ☐ Apply to Policy Loan ☐ Reduce Premium

☐ Premium Offset – Balance of dividends *(if any)* to: ☐ Accumulate at Interest ☐ Purchase Paid-up Additional Insurance

PREMIUMS

Change my premium payment to: ☐ Annual ☐ Semiannual ☐ Quarterly ☐ Monthly *(not available for Direct billing, 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)*

MISCELLANEOUS

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*