

Loyal American
Life Insurance Company®

Policy Number: _____ Insured: _____

The undersigned authorizes Loyal American Life Insurance Company to honor the service request(s) indicated below:

LOST POLICY RELEASE

This policy has been lost, mislaid, or destroyed. I release the company from any further claim against this policy and agree to return the policy to the company if it is recovered.

I request a duplicate policy. I understand that there is a \$10.00 fee for every policy requested and that the original policy is null and void. Coverage is in force under the provisions of the duplicate policy.

 NAME CHANGE Insured Insured Child Insured Spouse Beneficiary Owner Other Insured

Old name in full: _____

New name in full: _____

Reason for change: _____

MUST SEND IN PROOF OF CHANGE (MARRIAGE LICENSE, DIVORCE DECREE ETC)

OWNERSHIP CHANGE

I absolutely assign complete ownership and control of this policy to:

Name: _____ Date of Birth: _____ SSN or Tax ID # _____

Address (street, city, state, zip): _____

Signature of Owner: _____ Relationship to Insured: _____

CHANGE OF BENEFICIARY – I HEREBY REVOKE ANY DESIGNATION OF BENEFICIARY HERETOFORE MADE BY ME. COPY OF TRUST MUST BE SENT IF BENEFICIARY IS THE TRUST.

Primary: _____ Relationship: _____

Contingent: _____ Relationship: _____

POLICY CHANGE ADD REMOVE DEPENDENTS (PLEASE CHECK ONE)

Name _____ DOB _____ Relationship to Insured _____

Male Female

Name _____ DOB _____ Relationship to Insured _____

Male Female

Name _____ DOB _____ Relationship to Insured _____

Male Female

POLICY CHANGE - OTHER (please clearly specify intent to change)

Signed: _____ Date: _____

SSN: _____ Address _____