



NATIONAL STATES INSURANCE COMPANY
 1830 Craig Park Court, St. Louis, MO 63146 1-800-868-6788

POLICYHOLDER SERVICE REQUEST INSTRUCTIONS:

- * Check for service desired.
 - * Indicate to what address items should be returned.
 - * Any corrections to the form **MUST BE** initialed by the policyowner.
 - * **Correction fluid will not be accepted.**
 - * Mail completed form to Home Office.
- Signature Requirements:
 * Insured, if age 16 or older.
 * Owner(s), if other than insured.
 * Assignee, if policy is assigned.
 * Corporate Officer, other than insured, if Corporate owned.
 * Trustee, if trust owned.

Name of Insured:	Name of Policyowner if other than Insured:
Policy Number(s):	Name of Assignee or Irrevocable Beneficiary:
Insured's Address: <input type="checkbox"/> Check here if change (Please Print)	Return All Items To: <input type="checkbox"/> Policyowner <input type="checkbox"/> Other: (specify) <input type="checkbox"/> General Agency
Agency-Agent Code:	General Agency Name, Address & Phone Number: (Please Print or Type)
Servicing Agent's Name:	

#1

POLICY LOAN (See important notice below)

I hereby authorize the Company to grant the amount of the loan as indicated below, and acknowledge and agree that the loan, with interest thereon, is an indebtedness against and a Lien upon the above numbered policy.

Amount: Maximum Available \$_____ (Specify Amount)

Repayments of \$25.00 or more may be made at any time.

#2

SURRENDER/WITHDRAWAL (See important notice below)

I do hereby, for myself and my beneficiaries, and for anyone claiming any right in, through or on account of said Contract, release the company from any liability hereunder. This release is given in consideration of the following:

FULL POLICY SURRENDER: I hereby request the full cash surrender value of the policy, less any outstanding loans, which constitutes a complete and final settlement of the policy described above.

It is understood and agreed that sufficient of my Cash Surrender Value has been paid to the Company in liquidation of any outstanding Loans.

#3

DUPLICATE POLICY REQUEST

I hereby declare that my policy, listed above, was lost or destroyed and I hereby request the issue of a duplicate policy (*a duplicate policy will not be issued if surrender is requested*).

#4

BENEFICIARY CHANGE

I do hereby revoke the former designation of beneficiary in this policy and release the Company from all liability thereunder and do hereby designate that the proceeds of said policy payable by reason of death shall be paid to the person(s) and in the manner, shares, and proportions, and only on the terms, conditions, and contingencies as follows:

PRINT FULL NAME, DATE OF BIRTH, AND RELATIONSHIP TO INSURED

PRIMARY BENEFICIARY:

CONTINGENT BENEFICIARY:

Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the insured. If none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured.

#5

ADDITIONAL INSTRUCTIONS

Use this section for additional instructions, remarks or requests for changes other than those specified on the form (i.e. address change, billing change, etc.)

#6

NAME CHANGE

NOTE: Name changes for reasons other than Marriage or Divorce must be accompanied by a true & certified copy of the document which verifies the legal change in name.

Check One:

Insured

Owner

From (**Former Name**) _____

To (**New Name**) _____

Reason for Change _____

#7

OWNERSHIP CHANGE

NOTE: Ownership changes from a Corporation to an individual or any other entity must be accompanied by the authorizing Board Resolution either certified by two different officers or signed by all the Directors.

As owner of the policy listed above, I hereby request transfer of ownership and successor ownership to:
(Choose only ONE)

INDIVIDUAL:

Full Name (Print) _____

Relationship to Insured _____

New Owner Social Security No. _____

CORPORATE:

Name of Corporation _____

Corp. Tax I.D. Number _____

Date of Incorporation _____

State Where Incorporated: _____

TRUST:

(Name of Trust) _____

Name of Trustee _____

Date of Trust _____

Trust Tax I.D. Number _____

SUCCESSOR OWNER:

Full Name _____

Relationship to Insured _____

Dated at _____ this _____ Day of _____ 20____ .

New Owner:

Signature of New Owner or Legal Representative with Title _____

Official Title if Corporate or Trust _____

State Address _____

City, State and Zip Code _____

ENDORSEMENT

This change of name, ownership, and/or beneficiary has been filed with the Company at its Home Office and the Company has agreed to the above modification(s) of said policy.

Dated at St. Louis, Missouri on _____ 20 ____ By _____ (Authorized Officer)

Note: After being recorded at the Home Office, a copy will be returned and should be attached to the Policy.

AGREEMENT AND SIGNATURE SECTION (Signatures MUST be in ink)

I (We) request that all transactions marked on the reverse side and/or above be completed by the Company and agree for myself (ourselves), heirs, beneficiaries and all others claiming under the above policy to release, indemnify and hold the Company harmless from any liability incurred because of completing these transactions. I (We) expressly warrant that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them.

It is understood that the singular tense as used in this service request is to be read in the plural if applicable.

This application is dated: (Month) (Day) (Year)	Policyowner's Tax Identification Number: (Mandatory)
Signature of POLICYOWNER or Legal Representative	Signature of WITNESS: (not related to the Policyowner or Legal Representative)
Policyowner's Address: <input type="checkbox"/> Check here if change (Please Print)	Address of Witness:
Daytime Phone #: ()	Signature of ASSIGNEE (include Title and Corporation Name):
PLEASE PRINT the following if signing in other than individual capacity: NAME OF COMPANY/TRUST _____ NAME OF OFFICER/TRUSTEE _____ OFFICIAL TITLE _____	Signature of Spouse in Community Property State or IRREVOCABLE BENEFICIARY: