LifeShield
NATIONAL INSURANCE CO

REQUEST FOR POLICYOWNER SERVICE

Policy Number: _____ Insured: _____

The undersigned authorize(s) LifeShield National Insurance Co. to honor the service request(s) indicated below:

☐ **SURRENDER REQUEST**
☐ Surrender for total cash value of the policy (send policy), SSN Required below.

I understand and agree that:

1. This request is subject to all the provisions of the policy.
2. The company is not liable for any action it takes before receiving and acknowledging this request.
3. This request is subject to the terms of any collateral assignment recorded against the policy. The company is not responsible for the validity of any assignment.
4. LifeShield National Insurance Co. makes no representations as to the taxability or exemption from taxability with respect to any request.

Owner Signature: _____ Date: _____
MOWNNAME

Owner SSN: XXX-XX-_____

Owner
Address_____

Notary signature required *only* if requested by the company:	**Notary Seal/Stamp**
BEFORE ME, the undersigned Notary Public, on this date, personally appears _____ known to me to be the person whose name(s) is (are) subscribed to the foregoing instrument and acknowledged to me that he/she executed same for the purposes and consideration therein expressed, and in the capacities therein stated. GIVEN UNDER MY HAND AND SEAL OF OFFICE this _____ day of _____, 20_____. _____ whose commission expires _____/_____/_____.	

Individual Assurance Company, Life, Health & Accident as Administrator for LifeShield National Insurance Co.
Administrative Office: 5500 Western Ave Suite 200, Oklahoma City, OK 73118 – Mailing Address: P.O. Box 16338, Oklahoma City, OK 73113-0338
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