GWIC® GREAT WESTERN INSURANCE COMPANY

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Request for Service

Insured	Owner *(If other than insured)*	Policy #

I am requesting Great Western Insurance Company (the "Company") make the change(s) indicated below.

The following changes will be effective the date of issue and must be requested while the application is pending or during the free look period.

❒ **Face amount**
Change the face amount of the policy to: $_____

❒ **Policy effective date**
Change the effective date of the policy to: _____

❒ **Add or remove benefit rider(s)**

Add:
❒ Dependent Child/Grandchild rider *(Application required.)*
❒ Accidental Death rider *(Only available with Great Assurance Final Expense.)*

Remove:
❒ Dependent Child/Grandchild rider
❒ Accidental Death rider

The following changes will be effective the date of issue if they are requested while the application is pending, or they can be requested at any time after the policy has been issued.

❒ **Name change** *(Send copy of legal documentation for any change other than typographical error correction.)*
Change the name for the: ❒ Insured ❒ Payor ❒ Owner ❒ Beneficiary

Former name: _____ *New name:* _____
Reason for change: ❒ Marriage ❒ Divorce ❒ Correction ❒ Other

❒ **Owner change** *(If the policy is in force, we will need a completed absolute assignment form and a current W9.)*

Name of new owner: _____ Relationship: _____

Address of new owner: _____

New owner's signature: _____

Note: Current owner must also sign on the back of this form.

❒ **Class change**
Change the tobacco status for: _____

The last date he/she used tobacco in any form was: _____ He/she used tobacco for _____ years.
Has he/she been treated by a physician for complications of smoking or other tobacco usage? ❒ Yes ❒ No
Has he/she used medication for smoking cessation? ❒ Yes ❒ No
If either question is answered "Yes," please provide details: _____

❒ **Beneficiary change**
I request the beneficiary (beneficiaries) of my policy now be:

Name of primary beneficiary: _____ Relationship: _____

Address: _____

Social Security number: _____ Date of birth: _____ Percentage: _____

Name of trustee: _____ Date trust established: _____

Name of contingent beneficiary: _____ Relationship: _____

Address: _____

Social Security number: _____ Date of birth: _____ Percentage: _____

Name of trustee: _____ Date trust established: _____

(If you need more room, list additional beneficiary information on the back of this form or use a separate piece of paper.)

43 113 1130 0422 US

❒ **Date of birth change** *(Send a copy of legal documentation for any change of month or year.)*

Change the date of birth for _____ to: _____

❒ **Update/correct gender**

Change gender to: ❒ Male ❒ Female

The following changes can be requested after the policy has been issued:

❒ **Add a Power of Attorney or Guardian record**

Name of Power of Attorney or Guardian: _____

Address: _____

(You will also need to provide a copy of the Power of Attorney or Guardianship appointment.)

❒ **Change Non-forfeiture Option**

Please change to:

❒ Extended Term insurance

❒ Reduced Paid-Up insurance

❒ **Policy loan**

I request a policy loan for (check one): ❒ Maximum amount ❒ Withdrawal for $ _____

In consideration of a policy loan, the owner of the policy shown above acknowledges and agrees that the loan will be made pursuant and subject to all conditions and provisions of this policy and also assigns said policy to the Company as collateral.

I represent that no other person, firm, or corporation has any interest in the contract, except me. I also represent that no insolvency or bankruptcy proceedings have been instituted or are pending against me.

Under penalties of perjury, I certify that my correct Social Security number is listed below and that I am not subject to back-up withholding.

❒ **Add or remove benefit rider(s)**

Add:

❒ Dependent Child/Grandchild rider
(Only available with a qualifying life event. Application is required.)

Remove effective _____:

❒ Dependent Child/Grandchild rider
❒ Accidental Death rider

❒ **Terminate coverage**

Terminate coverage effective: _____

Use this space to provide any additional information. _____

By this election, I hereby revoke all other and former designations made by me. I make this election subject to all of the conditions and provisions of said policy as well as any existing assignment and unless otherwise provided by me in this request for service. I expressly reserve the full and absolute right to make other and further changes at anytime I may elect.

Signed at _____ on the _____ day of _____, 20____
City and state

Policy owner	*Social Security number*	*Witness*
Spouse (required in community property state)	*Social Security number*	*Witness*
Co-owner, Assignee, or Irrevocable beneficiary	*Social Security number*	*Witness*

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that a community property interest does not exist, and the Company assumes no responsibility for further inquiry regarding the status of such interest. The insured and/or policy owner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Policies issued in Oregon may not be canceled, modified, terminated or allowed to lapse after a petition for marital annulment, separation or dissolution is filed and upon service of summons and petition, until a final decree or judgment is issued, the petition is dismissed or until further order of the court.