Life Service Request

JACKSON®
NATIONAL LIFE INSURANCE COMPANY
Home Office: Lansing, Michigan
www.jackson.com

USE DARK INK (print or type). SIGN AND DATE ON PAGE 5.

Insured's Name (First) | (Middle) | (Last) | Date of Birth (mm/dd/yyyy) | Social Security Number

Current Owner's Name (First) | (Middle) | (Last) | Date of Birth (mm/dd/yyyy) | Social Security Number

Owner's Name (if owned by a non-natural entity) | Tax Identification Number

Joint Owner's Name (First) | (Middle) | (Last) | Date of Birth (mm/dd/yyyy) | Social Security Number

Owner's Daytime Phone Number (include area code) | Joint Owner's Daytime Phone Number (include area code)

1. Policy Number (10 digits, include zeros) | 2. Policy Number (10 digits, include zeros) | 3. Policy Number (10 digits, include zeros)

Ownership Change

- If multiple Owners, the first Owner's designated Social Security Number/Tax Identification Number will be used on the Policy.
- For ownership changes, if your policy application was signed in Ohio, you must complete the relationship field(s) before your request can be considered.

New Owner's Name (First) | (Middle) | (Last) | Date of Birth (mm/dd/yyyy) | Social Security Number

New Owner's Name (if owned by a non-natural entity) | Relationship to Insured | Date of Trust (mm/dd/yyyy) | Tax Identification Number

Physical Address (No P.O. Boxes) Number, Street | City | State | ZIP Code | Sex ☐ Male ☐ Female

Email Address | Phone Number (include area code) | U.S. Citizen? ☐ Yes ☐ No | Country of Residence

New Joint Owner's Name (First) | (Middle) | (Last) | Date of Birth (mm/dd/yyyy)

Relationship to Insured | Sex ☐ Male ☐ Female | Social Security Number

Physical Address (No P.O. Boxes) Number, Street | City | State | ZIP Code | U.S. Citizen? ☐ Yes ☐ No

Email Address | Phone Number (include area code) | Country of Residence

Beneficiary Change

- Percentages must be indicated by a whole percentage and equal 100% for each beneficiary type. **If left blank, all beneficiaries will receive equal shares.**
- For additional beneficiaries, please attach Beneficiary Designation Supplement form X3041, signed and dated by the Owner (available at www.jackson.com).

  ☐ Please check here if form X3041 is being submitted.
- **This request will revoke all previous beneficiary designations.**
- **You must select at least one primary beneficiary unless you are only adding a contingent or changing the current contingent beneficiary.**
- Unless otherwise indicated, all beneficiaries will be **primary beneficiaries and revocable**. You will retain the right to change beneficiary designations in the future.

  NOTE: Irrevocable - By checking an Irrevocable Primary or Irrevocable Contingent box below, the named irrevocable beneficiary(ies) obtain(s) a vested interest in this Policy and must sign (along with the Owner) for any future changes to, surrender of, withdrawals from, or transfer of this Policy as requested by the Owner, including a change of the named irrevocable beneficiary(ies). **All irrevocable beneficiary(ies) must also sign this form on the appropriate line(s) on page 5.**

☐ Primary ☐ Irrevocable Primary ☐ Contingent ☐ Irrevocable Contingent ☐ Percentage of Death Benefit

Beneficiary's Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number

Non-Natural Entity Name	Tax Identification Number	Relationship to Owner	Phone Number (include area code)

Physical Address (No P.O. Boxes) Number, Street	City	State	ZIP Code	Country of Residence

☐ Primary ☐ Irrevocable Primary ☐ Contingent ☐ Irrevocable Contingent ☐ Percentage of Death Benefit

Beneficiary's Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number

Non-Natural Entity Name	Tax Identification Number	Relationship to Owner	Phone Number (include area code)

Physical Address (No P.O. Boxes) Number, Street	City	State	ZIP Code	Country of Residence

☐ Primary ☐ Irrevocable Primary ☐ Contingent ☐ Irrevocable Contingent ☐ Percentage of Death Benefit

Beneficiary's Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number

Non-Natural Entity Name	Tax Identification Number	Relationship to Owner	Phone Number (include area code)

Physical Address (No P.O. Boxes) Number, Street	City	State	ZIP Code	Country of Residence

Name Change

Please attach supporting documentation, for example: copies of marriage license, driver's license, court document, etc.

Change Name of: ☐ Owner ☐ Joint Owner ☐ Insured ☐ Joint Insured ☐ Beneficiary

Change Due to: ☐ Marriage ☐ Divorce ☐ Other (if other, reason for change)

Former Name (First)	(Middle)	(Last)

New Name (First)	(Middle)	(Last)

Mailing Address Change

☐ Permanent ☐ Temporary*

Name (First)	(Middle)	(Last)	Social Security Number

Policy Role: ☐ Owner ☐ Joint Owner ☐ Insured ☐ Other:

Email Address	Phone Number (include area code)

New Mailing Address (number, street)	City	State	ZIP Code	Country of Residence

* If a temporary address is provided, your current residence state will be used to determine state tax withholding guidelines for distributions until a new permanent mailing address is received.

Authorized Callers

If you want to authorize individuals other than your Producer/Representative to receive Policy information via telephone and/or in writing, please list each individual's information here:

Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number

Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number

Duplicate Policy/Certificate of Coverage

One duplicate Policy/Certificate of Coverage will be provided free of charge. Jackson National Life Insurance Company® (Jackson®) reserves the right to impose a $25.00 fee for each subsequent duplicate Policy requested.

This Policy was: ☐ **Lost** ☐ **Never Delivered** ☐ **Stolen** ☐ **Destroyed.** The Policy is not assigned (not applicable to all Policies), pledged or subject to any lien in any way. If the original Policy is found, I will return the duplicate to the Company or its successors or assigns (not applicable to all Policies).

Change Method of Premium Payment

☐ **Change the mode of payment to:** ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly*

Note: mode of payment will not be changed if it is not available or allowed by the Company. Except for Variable Life, Universal Life, and some Ultimate® 7 plans, Premiums paid other than annually will result in a higher total annual Premium.

*A Pre-Authorized Charge/Electronic Funds Transfer (PAC/EFT) form (X0297) must be submitted to initiate a Monthly mode of payment. This form is available at www.jackson.com.

☐ **Change the payor to:**

New Payor Name	Country of Residence

Address (number, street)	City	State	ZIP Code

Note: New Payor will receive all billing notices and MUST sign below.

Automatic Premium Loan (APL) Provision

I/We hereby request that the APL Provision be (select one):

☐ Added OR ☐ Removed from this policy

Note: not available for Term or Jackson Assure Whole Life® products.

Nonforfeiture Provision

I/We hereby request the discontinuation of Premium Payments and, as of Premium paid-to-date, request the Net Cash Value of the Policy be used (if available) to continue Benefits as follows (select one):

☐ Extended Term Insurance (ETI) (not available for Jackson Assure Whole Life policies), or

☐ Reduced Paid-Up Insurance (RPU) (if available).

SIGNATURE REQUIREMENTS - ALL APPLICABLE SIGNATURE AREAS MUST BE COMPLETED BEFORE RETURNING.

Joint and Multiple – If additional space is needed for Multiple Owners, attach a separate piece of paper with signatures and dates.

Guardian – Must be signed by the Guardian. Provide a copy of guardianship papers.

Trust – All trustees/co-trustees, if required by the trust. Provide a copy of the signature and notary pages, and the page listing the names of the trustee(s) and successor trustee(s).

Irrevocable Beneficiary – Must include address and be signed by irrevocable beneficiary.

Attorney-in-Fact – May be signed by the attorney-in-fact. Provide a current power of attorney if not previously submitted. Notarized signature required, if not already on file.

Collateral Assignee – Must be signed by all current collateral assignees. Provide a copy of documentation.

Partnerships – Requests must be submitted in the name of the partnership and signed by all partners. Provide a copy of Partnership Agreement.

Corporation – One officer must sign with title unless the signing officer is also the Insured, in which case, an additional officer's signature and title are required. Provide a copy of Corporate Resolution.

Pension Trust – Must be signed by the trustee. Provide a copy of the trustee appointment.

Other Signature Requirements – For cases such as minor Owners, bankruptcies or cases with tax liens, contact the Service Center for appropriate signature requirements. Spouse's signature may be required in community property states: AZ, CA, ID, LA, NM, NV, TX, WA and WI. We recommend you discuss with your legal advisor.

Signature section on page 5 is required.

Signatures

The Owner's signature is required for all changes on this form. On ownership changes, both the old and new Owners' signatures are required. Jackson may require a signature verification with supporting documentation to establish the signer's authority. A delay may occur if all applicable signature areas and requirements are not completed. See other signature requirements on page 4. It is hereby agreed that the changes requested above shall not become effective unless and until this request is approved by the Company at its Service Center. I certify that the policy owner is not a debtor in any pending bankruptcy proceeding.

Note: If the owner resides in Massachusetts and this request is to change beneficiary(ies), a disinterested person who is over 18 and who is not named as beneficiary must sign as a witness to the owner's signature. In all other states, including the signature of a witness is encouraged.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number.
2. I am not subject to backup withholding.
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien).
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)	New Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)
Joint Owner's Signature (and Title if applicable)	**Date (mm/dd/yyyy)**	**New Joint Owner's Signature (and Title if applicable)**	**Date (mm/dd/yyyy)**
Trustee's Signature and Title	**Date (mm/dd/yyyy)**	**New Trustee's Signature and Title**	**Date (mm/dd/yyyy)**
Trustee's Signature and Title	**Date (mm/dd/yyyy)**	**New Trustee's Signature and Title**	**Date (mm/dd/yyyy)**
Irrevocable Beneficiary's Signature (and Title if applicable)	**Date (mm/dd/yyyy)**	**Collateral Assignee's Signature and Title**	**Date (mm/dd/yyyy)**
Irrevocable Beneficiary's Signature (and Title if applicable)	**Date (mm/dd/yyyy)**	**Witness's Signature (may be required for MA residents)**	**Date (mm/dd/yyyy)**
Spouse Signature (if applicable)	**Date (mm/dd/yyyy)**	**Signature Guarantee or Notary (if applicable)**	
New Payor's Signature	**Date (mm/dd/yyyy)**		

	Jackson Contact Information
Regular Mail	PO Box 24068, Lansing, MI 48909-4068
Overnight Mail	1 Corporate Way, Lansing, MI 48951
Customer Care	800-644-4565, 8:00 a.m. to 8:00 p.m. ET (M-F)
Fax*	517-706-5552
Email	customercare@jackson.com

* A fax cover sheet is not needed. If you have additional instructions to submit please complete Letter of Instruction (form X4250) including owner and/or proposed insured signature(s) as applicable.