



GREAT WESTERN

INSURANCE COMPANY

3434 Washington Blvd Ste. 100. • Ogden, Utah 84401 • 801-689-1401 Voice • 801-689-1391 Fax

POLICYHOLDER SERVICE REQUEST

OWNER (if other than insured)

INSURED

POLICY NUMBER (one policy only)

◆ **Current Policyowner Must Sign and Date The Reverse Side Of This Form.**

1. Funeral Home Changes: ☐ Remove ☐ Change

<i>Old Funeral Home</i>	<i>New Funeral Home</i>
Name	Name
Phone Number	Phone Number
Address	Address
City, State, Zip	City, State, Zip

<i>Add Beneficiary</i> <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<i>Remove Beneficiary</i> <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Name Age	Name Age
Social Security Number	Social Security Number
Relationship to Insured Phone Number	Relationship to Insured Phone Number
Address	Address
City, State, Zip	City, State, Zip

Proceeds will be paid in equal shares to all primary beneficiaries who survive the insured, but if none survive the insured, proceeds will be paid in equal shares to all contingent beneficiaries who are living. This change cancels any previous beneficiary designation or settlement agreement.

2. Name Change of: ☐ Insured ☐ Owner **** Note: This change will NOT transfer ownership rights ****

From (Former Name—Please Print) To (New Name—Please Print)

Reason for change: _____

3. Ownership Change:

New owner sign here; current owner sign reverse side of form.

Print Name of New Owner	Soc Sec # of New Owner	Signature of New Owner
Address of New Owner	Witness (Non-Family Member)	

4. Irrevocable Assignment of Benefits

As the owner of the life insurance referred to above, I hereby irrevocably assign and transfer all the policy benefits and proceeds of such policy to _____

Mortuary Name

I make this irrevocable assignment of benefits in connection with a pre-paid funeral plan which I have entered into, and I understand fully the effect of this assignment and transfer.

Designation of a beneficiary by me before or after the date of this assignment is subject to this assignment and transfer.

It is my intention, as owner of the policy referred to above, to continue to pay the premiums and to retain ownership of the policy.

5. Would you like to take a policy loan?

Issue check for ☐\$ _____

or ☐ maximum amount available.

☐ Make check payable to policyowner

☐ Make check payable to _____

Loan Agreement

In consideration of the loan made by Great Western Insurance Company, I assign the policy to the company as sole security for the repayment of the loan with interest subject to the provisions of the policy. I certify that no Bankruptcy Proceedings, attachment, tax or other lien or claim is now pending against me and that the policy has not been previously assigned.

6. Do you need to surrender your policy? Please submit policy. If policy is lost, mark this box ☐

The cash surrender value is requested and will be accepted in full payment and release of all claims under the policy. The surrender will be effective when this request is received by the Company at its Office in Ogden, Utah.

☐ Make check payable to Policyowner

☐ Make check payable to _____

I certify that no bankruptcy proceedings, attachment, tax or other lien or claim is now pending against me, and that the policy has not been previously assigned.

7. Address/Telephone Number change for current policyowner:

8. Additional Request (Any Other Changes Not Listed Above)

SIGNATURES

I/we agree that my/our signature(s) below shall apply to each request which has been completed on either side of this form

Witness (Non-Family Member)

Date

Current Policyowner (if owned by a company, show title)

Irrevocable Beneficiary/Assignee Signature

Spouse's Signature required in a Community Property State
(If none, state NONE—Form will not be accepted unless completed)

RECORDED AT THE HOME OFFICE ON _____ BY _____