Universal Fidelity Life Insurance Company

OLD LINE LEGAL RESERVE STOCK COMPANY "SINCE 1935"

POLICY CHANGE REQUEST FORM
DO NOT RETURN POLICY UNLESS REQUESTED BELOW

Name of Insured

Policy No.

☐ **BENEFICIARY CHANGE** - All previous beneficiary designations and settlement options are hereby revoked and the following beneficiary designation is elected:

PRIMARY: _____
(Name)

_____
(Address)

_____

_____ _____
Relationship to Insured Age

CONTINGENT: _____
(Name)

_____
(Address)

_____ _____
Relationship to Insured Age

☐ **NAME CHANGE or CORRECTION**
It is hereby requested that the name of

_____
appearing on Universal's records be changed to

_____

Reason _____

☐ **PREMIUM MODE CHANGE TO**

☐ Ann. ☐ Semi-Ann. ☐ Quar. ☐ PAC Monthly

ADDRESS CHANGE
Previous Address: _____

_____

_____

New Address: _____

_____

_____

Telephone Number: _____

☐ **DUPLICATE POLICY REQUEST**
I certify that the above policy has been lost or inadvertently destroyed, and that I have made a diligent search for this policy. I agree to indemnify and hold harmless Universal Fidelity Life Insurance against any claim or loss that may be asserted against said Company under said lost policy if it is found. To the best of my knowledge, I declare that said lost policy has not been pledged, assigned, or transferred.

PLEASE REMIT: $5.00 PROCESSING FEE

☐ **SPECIAL REQUESTS**

Date: _____

Signed: X _____
Owner

Address: _____

_____

_____

2211 North Highway 81, Duncan, Oklahoma 73533 / 405-255-8530 / Fax 1-405-255-0951

February 28, 2000 (18).max
PDF created with FinePrint pdfFactory trial version www.pdffactory.com