

POLICY OWNER SERVICE REQUEST

POLICY NUMBER	_____
INSURED	_____
POLICY OWNER	_____
AGENT	_____

FOR OFFICE USE ONLY:
REQUEST APPROVED:
ON: _____
BY: _____
U.S. FINANCIAL LIFE INSURANCE CO.

CHECK AND COMPLETE THE APPROPRIATE ITEM(S). SIGN AND DATE ON REVERSE SIDE.

1. BENEFICIARY CHANGE
All previous beneficiary designations and settlement options are hereby revoked and the following beneficiary designation is made:

FULL NAME	RELATIONSHIP TO INSURED	ADDRESS	SS#
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Primary: _____

Contingent: _____

The address of the primary beneficiary is: _____

*Remember to include percentage breakdown for multiple beneficiaries.
If naming a trust as beneficiary, please include name of trust, tax ID.

2. OWNERSHIP CHANGE
I hereby transfer all right, title, and interest of the above policy to:

Full Name _____ Address _____

Social Security Number _____

*If naming a trust as owner, you must include documentation showing trust name, tax ID, and list of trustees and their signatures. The owner will become payor unless otherwise specified.

3. NAME CHANGE OR CORRECTION

Insured Owner Beneficiary Payor

Name of the above should be changed in the company records from _____ to _____

Reason: _____

(If reason for change is other than marriage, provide copy of legal documentation).

4. ADDRESS CHANGE OR CORRECTION

Insured Owner Beneficiary Payor

New Address: _____

5. CHANGE MODE OF PREMIUM PAYMENT TO

Annual Semiannual Quarterly PAC Monthly Other

*Authorization form needed to request monthly electronic draft. See form PAC.

6. CHANGE PLANNED PREMIUM

Change planned modal premium from _____ to _____

*USFL recommends an inforce illustration prior to decreasing premium on a Universal Life product.

- 7. POLICY LOAN (select one)
 - Net amount of \$ _____
 - Gross amount of \$ _____
 - Maximum amount available

***If policy is assigned, you must include assignee signature for loans, withdrawals and surrenders.**

- 8. PARTIAL WITHDRAWAL
A partial withdrawal is hereby requested in the amount of \$ _____
NOTE: Subject to the limits stated in your policy. A withdrawal fee may apply.

- 9. POLICY SURRENDER (submit policy)
The cash surrender value is hereby requested and will be accepted in full payment and release of all claims under the policy. I/we hereby declare that no bankruptcy, divorce, or separation proceedings, attachment, tax or other lien is pending against me/us. If policy is lost, please check lost policy statement below.

- 10. TAX WITHHOLDING
This distribution may be subject to federal or state taxation. Please complete the following withholding election: Social Security Number: _____
 Yes, withhold taxes from my distribution (10% unless otherwise indicated).
 No, do not withhold taxes from my distribution.

- 11. LOST POLICY STATEMENT/DUPLICATE POLICY
I declare the above policy has been lost or misplaced and request the company to issue a document describing the terms of the policy. I agree to return this document if the original policy is found.

- 12. OTHER REQUEST(S)

WE AGREE THAT MY/OUR SIGNATURE(S) BELOW SHALL APPLY TO EACH REQUEST WHICH HAS BEEN CHECKED ON BOTH SIDES OF THIS FORM. NOTICE ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

Dated At _____	X	_____
City State		Signature Of Insured
Date _____	X	_____
		Signature Of Owner
X _____	X	_____
Signature Of Witness		Signature Of Assignee
	X	_____
		Signature Of Irrevocable Beneficiary

***Anytime a policy is corporate owned, an officer of the company other than the insured must sign as the owner.
 *Original signatures required for all requests. No faxes please.
 *Community property states require signatures of both spouses.**