

1303 SW First American Pl, St 200 Topeka, Kansas 66604 Phone 785-228-0200 Fax 785-228-0202 Toll-free 866-953-4675 www.usalliancelife.com

SERVICE REQUEST FORM

Completing This Form

The Owner(s) should complete and sign this form to request the appropriate change(s). Any changes are subject to the provisions of the Contract and the rights of any Assignee of record with the Company. The owner hereby requests the following selected change(s) be made to the contract

Contract Information	
Contract NumberIr	nsured / Annuitant Date of Birth
Insured/Annuitant Name	Owner Phone #
Owner Name(s)	Owner Phone #
Owner Address	
Request to Change the Beneficiary	
[] The owner hereby revokes existing designations and requirements Beneficiary	
Primary Beneficiary Relationship to	Insured/Annuitant
Contingent Beneficiary	
Contingent Beneficiary Relationship to	Insured/Annuitant
(If additional space is needed, attach a separate sheet with the additiona attached. Be sure the additional sheet is signed and dated by the owner.	I information and mark this box [] to indicate an additional sheet is
Request to Change the Owner	
[] The owner should be changed as follows (NOTE: A change in ownership may result in adverse tax consequence Existing Owner's Name Date of BirthMailing Address	Social Security #
New Owner's Name	
Date of Birth Mailing Address	
I certify, under penalty of perjury, that the information and $% \left(\mathbf{r}\right) =\left(\mathbf{r}\right) $	Social Security Number(s) provided above are true and corre
Change of Address	
[] Owner [] Insured / Annuitant	
Old Address	
New Address	
Signatures	
The owner(s) must sign this form. For ownership changes,	the present owner and the new owner must both sign the be the date the request is received in the Home Office of
Current Owner's Signature	Date
Current Joint Owner's Signature (if applicable)	
New Joint Owner's Signature (if applicable)	