

Multi --- Lines
P.O. Box 12082
Tallahassee, FL. 32317

POLICY SERVICE REQUEST

Policy Number _____ Date _____

Name of Insured _____ Name of Owner _____
(First, Middle, Last) (First, Middle, Last)

Owner's Current Address _____
Phone No. _____

NOTICE TO POLICYHOLDER: In order for us to process a request for cash surrender/cancellation, this form must include the policy number and the Policyowner's signature. Important: If a request is not complete, it may cause a delay in returning any money due you.

PLEASE MARK THE APPROPRIATE BOX(ES) FOR YOUR REQUEST

1. ADDRESS CHANGE
 Insured Owner Payor

2. BILLING FREQUENCY/AMOUNT CHANGE
 Annual Semi-Annual
 Quarterly Monthly Pre-Authorized Check
If monthly PAC is selected, submit a PAC Authorization Form)
 Changed Planned Periodic Premium to
\$ _____ (Flexible Premium Policy only)

Street Address _____ Apt. No. _____
City _____ State _____ Zip _____

3. OWNERSHIP CHANGE

For value received, the undersigned as holder(s) or Owner(s) of, and all persons beneficially interested in,
Policy No. _____, issued by United Insurance Company of America, hereinafter called the Company, wazzu
on the life of _____ hereby assign, transfer and set over unto _____
Legal Name (If Corporation Indicate State of Corporation)

Social Security No. _____ of (Address) _____
all rights, title and interest in said Policy, including all supplementary agreements which may be attached thereto, with the right
to such assignee to exercise any and all options, rights and privileges contained in the Policy or permitted by the Company.

This assignment is subject to any assignment in favor of, or indebtedness to said Company, together with interest thereon and
is made subject to all the provisions and conditions of said Policy. The Company assumes no responsibility as to the validity or
legal effect of this assignment.

The person(s) or party(ies) executing this assignment hereby certify and declare that no proceedings in bankruptcy are
pending against any one or more of them. The assignor represents that he understands the nature of this assignment and has
formulated the expression of intent and purpose set out in this assignment.

4. NAME CHANGE (only) Reason: Marriage Divorce Correction
 Other (Attach copy of court order)

Insured Owner Beneficiary
From: _____ Former Signature _____
(First, Middle, Last)

To: _____ Present Signature _____
(First, Middle, Last)

5. BENEFICIARY CHANGE

Subject to the provisions of the above referenced Policy, I hereby revoke all previous Beneficiary designations and elect to
change the Beneficiary to:

PRIMARY BENEFICIARY	ADDRESS	%	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
CONTINGENT BENEFICIARY	ADDRESS	%	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____

I understand that the proceeds will be paid in equal shares to the survivor or survivors unless specified, and that the right to further
change the Beneficiary is reserved to me, unless I designate an irrevocable Beneficiary. **PLEASE SIGN BACK OF FORM.**