

CHANGE OF ADDRESS, LEGAL NAME, BENEFICIARY, PAYMODE

• CURRENT POLICY/CONTRACT INFORMATION

POLICY/CONTRACT NUMBER _____ OWNER _____
INSURED/ANNUITANT _____ JOINT OWNER (If any) _____

1. CHANGE OF ADDRESS (Please check the address for) Insured Payor Owner Secondary Addressee

NEW ADDRESS:

and Street _____ City/State/County _____ Zip _____ Phone Number _____

2. LEGAL NAME CHANGE*

(This section is to be used for changes to existing names on record. Do not use to make a change to the actual person named as Beneficiary (Refer to Section 3) or Transfer of Ownership (separate form ML-1009-02).)

Change name of: Owner Insured/Annuitant Other Insured Insured Child Beneficiary

Reason for name change: Marriage Divorce Correction Other (explain) _____

Change name from: _____ to: _____

*IMPORTANT: If changing name for reasons other than marriage or divorce, please send photocopy of Court Order.

3. CHANGE OF BENEFICIARY**

Note: If additional designations please attach separate sheet

Primary	Contingent	Name	Relationship to Insured/Annuitant	SS#
<input type="checkbox"/>	<input type="checkbox"/>	_____		
<input type="checkbox"/>	<input type="checkbox"/>	_____		

**I revoke all prior designations of beneficiary and optional modes of settlement under this policy

4. PREMIUM PAYMENTS (Please select one)

Change the mode of premium payment to: Annual Semi-Annual Quarterly ACP/EFT*

*Void check and EFT form required.

I direct that any endorsement or change of the policy as requested above be effected by return of a copy of this request with the company's acknowledgement.

Dated this _____ day of _____, _____.

Signature of Insured

Signature Second Person Insured

Signature of owner if other than insured

Witness

Signature of Irrevocable Beneficiary (if any)

Signature of Assignee (if any)

Signature of Spouse, if applicable***

***Signature of spouse is required if Policy/Contract is jointly owned or if the Owner resides in a community property state (AZ, CA, ID, LA, NV, NM, PR, TX, WA, WI)