



☐ Liberty Bankers Life Insurance Company

☐ The Capitol Life Insurance Company

Please Check One

**Policyowner/Annuitant
Service Request**

PO Box 224, Brownwood, Texas 76804-0224 • 5750 County Road 225, Brownwood, Texas 76801 (Overnight) • 800-745-4927 • 866-505-9377 (Fax)

Annuitant's Full Name: _____

Owner's Full Name (if different from annuitant): _____

Contract/Certificate/Policy Number(s): _____ Social Security/Tax ID Number (last four digits): _____

☐ **1. CHANGE MAILING ADDRESS TO:**

Mailing Address: _____

City / State / Zip: _____

Phone: _____

☐ **2. CHANGE OF BENEFICIARY**

I hereby revoke the existing designation and request the Company to record the beneficiary under the above numbered policy(s) as follows: (If beneficiary is a trust, please send a copy of the certification.)

☐ **Change Primary Beneficiary** **Relationship** **Social Security Number** **=100%**

☐ **Change Contingent Beneficiary** **Relationship** **Social Security Number** **=100%**

(Attach a copy for extras.)

☐ **3. CHANGE OF NAME** (Only for use in changing the name of an existing party to the contract due to marriage, divorce or court order. Use Transfer of Ownership/Change of Annuitant form to remove/replace existing Owner or Annuitant.)

Reason for Change: ☐ Marriage/Divorce ☐ Court Order (Attach Copy)

Former Name of: ☐ Annuitant/Insured ☐ Owner

Current Name: _____

☐ **4. PREMIUMS**

Change Premium Billing To: ☐ Annual ☐ Semi-Annual ☐ Quarterly

☐ EFT (Electronic Funds Transfer) ☐ Add to existing EFT Plan Number: _____

☐ **5. REQUEST FOR DUPLICATE POLICY**

I hereby certify that Annuity Policy Number(s) referenced above, issued by the Company has been lost or destroyed and that the policy is not assigned or pledged in any way whatsoever. I request a duplicate policy be issued to me, and agree that should the original policy be found or in any way into my possession, I will return it to the Company, its successors or assigns. It is distinctly understood and agreed that the original policy shall become null and void.

☐ **6. SPECIAL REQUESTS**

Owner Signature

Date

Print Name

Witness Signature

(Must be a non-family member over the age of 18)

Date

Print Name