

**Please Check One**



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

**Policyowner Service Request**

Annuitant's Full Name: \_\_\_\_\_

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

Contract/Certificate/Policy Number(s): \_\_\_\_\_ Social Security or Tax ID Number: \_\_\_\_\_

**1. CHANGE ADDRESS**

To: \_\_\_\_\_  
Number and Street or PO Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**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:

<input type="checkbox"/> Change Primary Beneficiary	Relationship	Social Security Number	%
_____	_____	_____	_____

<input type="checkbox"/> Change Contingent Beneficiary	Relationship	Social Security Number	%
_____	_____	_____	_____

**3. CHANGE OF NAME**

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

Change Name of:  Annuitant/Insured  Owner

To: \_\_\_\_\_

**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 come 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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_