



# Policy Change Request for Life and Annuity

Note: Do not use this form to request a Change of Beneficiary

Service: 800-579-2878 • Service E-mail: lswservice@nationallife.com • Web Address: www.lsw.net

Owner Name:

Policy/Certificate No.:

Annuitant/Insured Name:

Owner's Social Security No./Tax I.D. No.:

Address: (Street, City, State & Zip Code)

Telephone No.:

New address?

I hereby request that Life Insurance Company of the Southwest (LSW) make the following changes in my Policy or Certificate, in accordance with its provisions. If a change of name or ownership is requested, it is not necessary to send the original Policy or Certificate to LSW. We will record the change on our records and send you an endorsement to be kept with the Policy or Certificate.

Legal Name Change or Ownership Change (Be sure to review your Beneficiary)

Change the name of the  Owner  Trust  Annuitant  Contingent Annuitant  Insured  Beneficiary  Payor

From:

Social Security No./Tax I.D. No.:

To:

DOB: (mm/dd/yyyy)

Social Security No./Tax I.D. No.:

Legal name change is due to:  Marriage\*  Legal Name Change\*  Divorce\*

\*Include any court documentation (i.e. marriage certificate, divorce decree, legal documents).

Ownership change is a possible taxable event. If ownership is being changed to or from a Trust, a copy of the trust document is required.

Payment Frequency Change

Change my payment frequency to  Annual  Semiannual  Quarterly  Monthly

Change my planned periodic premium payment amount from \$\_\_\_\_\_ to \$\_\_\_\_\_ effective (mm/dd/yyyy) \_\_\_\_\_.

If monthly is desired, please complete LSW Form 1037.

If payroll deductions/reductions are being made, I understand I must also inform my payroll office.

Stop Payments. I wish to stop making planned periodic premium payments effective (mm/dd/yyyy) \_\_\_\_\_.

If payroll deductions/reductions are being made, I understand I must also inform my payroll office.

Resume Payments. I wish to resume making planned periodic premium payments of \$\_\_\_\_\_

effective (mm/dd/yyyy) \_\_\_\_\_. If payroll deductions/reductions are being made, I understand I must also inform my payroll office.

Annual  Semiannual  Quarterly  Monthly

Change Tax Qualification Type (Be sure to review your Beneficiary)

From:  TSA 403(b)\* (Requires Plan Administrator's Signature)  Roth 403(b)  Governmental 457\*\*

Traditional IRA  SIMPLE IRA (Participation date must be at least 2 years)  Other: \_\_\_\_\_

To:  TSA 403(b)  Roth IRA  Traditional IRA  Other: \_\_\_\_\_

\*If from a TSA 403(b) or Roth 403(b), you must meet one of the following qualifying events (some may require proof of eligibility):

Attainment of age 59½  Plan Termination (Requires letter from employer stating the entire plan has terminated)

Severance from employment after age 55  Severance from employment

\*\*If from a Governmental 457, you must meet one of the following qualifying events (some may require proof of eligibility):

Attainment of age 70½  Plan Termination (Requires letter from employer stating the entire plan has terminated)  Severance from employment

