\mathbb{LSW}	Change Request for Life and Annuity o not use this form to request a Change of Beneficiary Iswservice@nationallife.com • Web Address: www.lsw.net		
Owner Name:	Policy/Certificat	Policy/Certificate No.: 	
 Annuitant/Insured Name:	Owner's Social		
Address: (Street, City, State & Zip Code)	Telephone No.:	Telephone No.:	
New address?			
Legal Name Change or Ownership C	u an endorsement to be kept with the Policy or C hange (Be sure to review your Beneficiary) ust		
To:	DOB: (mm/dd/yyyy)	Social Security No./Tax I.D. No.:	
	Legal Name Change* Divorce* le certificate, divorce decree, legal documents). . If ownership is being changed to or from a Tru	st, a copy of the trust document is required.	
□ Payment Frequency Change Change my payment frequency to □ Ar Change my planned periodic premium pay If monthly is desired, please complete LSV	ment amount from \$ to \$	Monthly effective (<i>mm/dd/yyyy</i>)	

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)* (<i>Requires Plan Administrator's Signature</i>) 🔄 Roth 403(b) 🔄 Governmental 457**
☐ Traditional IRA ☐ SIMPLE IRA (<i>Participation date must be at least 2 years</i>) ☐ 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 (<i>Requires letter from employer stating the entire plan has terminated</i>) 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 (<i>Requires letter from employer stating the</i> Severance from employment <i>entire plan has terminated</i>)
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Mailing Address: PO Box 569080 • Dallas, TX 75356-9080 • Street Address: 1300 West Mockingbird Lane • Dallas, TX 75247-4921

Policy Change Request for Life and Annuity - Continued

 Election of nonforfeiture option (life insurance policies only). I hereby request: Extended Term Life Insurance - The policy's net cash value is used to purchase term insurance for the full coverage amount provided by the original policy for as long a term as the net cash value can provide. Reduced Paid Up Insurance - The net cash value of the policy is used as a net single premium to purchase life insurance from the same plan as the original policy and for which no more premium payments are required. 						
Other Change:						
I understand and agree that the requested change	constitutes a supple	ement to the original application fo	or this Policy or Certificate and it shall			
become a part of the Policy or Certificate.		(4) (b)	- 1: - 4: :			
W9: Under penalties of perjury, I here Identification Number; (2) the IRS has never noti to such withholding or I am exempt from such wi	fied me that I am su	bject to backup withholding, or ha	as notified me that I am no longer subj	ect		
	this		day of			
Dated atCity & State	uns	Date	day of Month & Year			
Signatures						
Current Owner/Plan Trustee's Signature		A Notary Signature for the O acceptable)	wner is optional. <i>(Signature guarantee</i> d	1		
Spouse's Signature*:		instrument, who acknowledges	described in and who executed the forgoin to me that he/she executed the same free			
Plan Administrator's Signature & Title		and voluntarily and for the uses Witness my hand and official s	s and purposes therein mentioned. eal.			
New Owner/Plan Trustee's Signature:		Notary Signature:	Date: (<i>mm/dd/yyyy)</i>	I		
Address: (Street, City, State & Zip Code)		My commission expires	, 20			

* Your spouse's signature is required on any 403(b) policy covered by ERISA; and on all requests in the following states: AZ, CA, ID, LA, NM, NV, TX, WA, WI. If you have a change in marital status, you must provide a certified copy of the legal document (i.e. name change, divorce decree, death certificate).

Note: If a corporation/trust is the owner, a corporate office/trustee must sign for the corporation/trust. After authorizing the change and giving the corporate office/trustee the authority to request the change on behalf of the corporation/trust an official corporate resolution or trust document must be attached.