



Policy Service Request Form

Policy No. (One Policy only): _____ Insured Name: _____

Change of Name:

Do not use this form to change the owner or beneficiary designation. It is used to indicate legal name change by marriage, divorce, adoption, etc., or to correct spelling, errors, or omissions.

The name of the: Insured Beneficiary Owner was changed by: Marriage Divorce Adoption Correction
from _____ to _____
First MI Last First MI Last

Change of Address:

The address of the: Insured Beneficiary Owner has changed to:

Address: _____ City: _____ State: _____ Zip: _____
Primary Phone Number: _____ Secondary Phone Number: _____

Change of Premium Payor:

Complete this section only if there is a change in who will be making premium payments

Name: _____ Address: _____
First MI Last City: _____ State: _____ Zip: _____

Payment Method Change:

Complete this section only if there is a change in how premiums will be paid.

Please deduct premiums from my checking account

Your checking account will be drafted monthly for your premium payments. Please attach a voided check. The checking account owner's signature is required.

Checking Acct. Owner Name: _____ Signature: _____ Date: _____
First MI Last

Please bill directly (Choose one of the following) Quarterly Semi-Annually Annually

Policy Certificate (\$15 fee applies):

I (we), the undersigned owner(s), represent and warrant that this policy is lost, misplaced, or has been destroyed and I (we) have no knowledge of its whereabouts. Therefore, I (we) request the Company to issue a policy certificate reflecting the basic terms and coverage provided by said policy. I (we) understand that this will be forwarded to me (us) upon the Company's receipt of \$15 fee for said service.

Policy Cancellation: *This option will cancel your policy. If the policy is canceled, reinstatement is not allowed.*

Rider Cancellation: *This option will cancel your policy rider. If the rider is canceled, reinstatement is not allowed.*

Cancel the following riders to the policy. **This option will cancel policy riders only.**

Spouse Term Rider Child Term Rider Accidental Death Benefit Rider

Signed at _____, this _____ day of _____, _____
City & State Day Month Year

| | |
|---|----------------------|
| _____ | _____ |
| Policy Owner Signature | Policy Owner Address |
| _____ | _____ |
| Spouse Signature (Community Property States, see Signature Requirement Section) | Spouse Address |
| _____ | _____ |
| Assignee Signature (if applicable) | Assignee Address |
| _____ | _____ |
| Witness Signature | Witness Address |
| _____ | _____ |
| Witness Signature | Witness Address |

FOR HOME OFFICE USE ONLY

The foregoing request has been recorded at the Home Office of Leaders Life Insurance Company, Tulsa, Oklahoma

Date: _____ Registrar: _____

LL-410 (Revised 09/2020) LL-OI-05-0.1.H.0321



Instructions

The current policy owner must complete this form in its entirety.

Print all information on the form in blue or black ink to ensure it is legible. It is extremely important we record your change request correctly.

The policy owner can change the designation of the individual or entity who receives payment notices for a policy. Premium notices and reminder notices will be mailed directly to the payer.

Complete the Payment Method section only if there is a change in how the premiums are to be paid.

Mail the completed form to:

Leaders Life Insurance Company
P.O. Box 35768
Tulsa, OK 74153

Signature Requirements

1. The Policy Owner

The insured is usually the policy owner, but ownership may vest wholly or partially in:

- a. ANOTHER PERSON, in which event his or her signature is required.
- b. A CORPORATION, in which event the signature and title of an authorized officer other than the insured is required.
- c. A PARTNERSHIP, in which event all partners must sign. (If the policy has joint owner, both owners must sign any form submitted.)

2. Absolute Assignee

If the policy is absolutely assigned, the signature of the Assignee is required.

3. Spouse / Community Property State

If the insured/owner is a resident of one of the Community Property states the spouse must sign along with the insured/owner to authorize change(s) requested on this form. If divorced or widowed, please provide a copy of the divorce decree or death certificate. Community property laws are applicable in: AZ, CA, ID, LA, NV, NM, TX, WA, WI, and PR.

4. Witness

A disinterested person must witness the signatures. Two witnesses are required when a mark or "X" is used as a signature.