



SERVICE REQUEST

17722 Irvine Blvd.
Tustin, CA 92780
(714) 505-1100
(800) 488-1474
Secure Email: ismflex@hushmail.com

Insured: (Print) _____ Policy/Certificate Number: _____

Owner: (Print) _____

OWNER: To enable us to process the service requested, please complete the appropriate selection(s) below. Fidelity Security Life Insurance Company is hereby authorized to process the item(s) requested on this form.

1. **Change Name of:** Insured Owner Payor **From:**

To: _____

Address _____

Reason for Change Marriage Divorce Court Order (submit copy) Correction Adoption Naturalized

2. **Release of Policy/Certificate Assignment:**

For value received, the Assignee hereby releases all rights, title, and interest in this policy/certificate. Please see reverse side for special corporate instructions.

3. **Address Change:** Change address of Insured Owner Payor **To:**

New Address: _____

New Phone: _____

Email Address: _____

4. **Transfer of Ownership:**

I transfer all my rights, title and interest as owner of the policy/certificate designated above to

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

Address: _____ City: _____ State: _____ Zip: _____

If new owner is a Trust, please complete name of Trustee and date of Trust Agreement below:

_____ Trustee(s) named under Trust Agreement Date _____

Subject to any loan or advance made by the Company on the security of the policy certificate and to any assignment of the policy/certificate in force and on file with the Company, I declare that no insolvency or bankruptcy proceedings are pending against me and that I have not executed any assignment not on file with the Company.

5. **Change Nonforfeiture or Elect Automatic Premium Loan Provision:**

Extended Term Insurance Reduced Paid-Up Insurance Automatic Premium Loan Provision

SIGNATURES REQUIRED ON REVERSE SIDE

6. Beneficiary Change: Previous designations of beneficiary and elections of Settlement Options are hereby revoked. The following designations of beneficiary are made, subject to the provisions of the policy/certificate, and subject also to the rights of any assignee of record with Company with the right reserved to change the Beneficiary unless otherwise stated. The Company shall not be obligated to inquire into the terms of any trust designated as beneficiary and will be fully discharged from all liability after payment of the death proceeds under the policy/certificate.

Primary beneficiary(ies)

Show Full Name, Relationship, Address & S.S.# (in equal shares or to the survivor unless otherwise indicated)

Full Name:	_____	Full Name:	_____
Relationship:	_____	Relationship:	_____
Address:	_____	Address:	_____
S.S.#:	____ / ____ / ____	S.S.#:	____ / ____ / ____

Contingent beneficiary(ies)

Show Full Name, Relationship, Address & S.S.# (in equal shares or to the survivor unless otherwise indicated)

Full Name:	_____	Full Name:	_____
Relationship:	_____	Relationship:	_____
Address:	_____	Address:	_____
S.S.#:	____ / ____ / ____	S.S.#:	____ / ____ / ____

If beneficiary is a Trust, please complete name of Trustee and date of Trust Agreement below: _____
 _____ Trustee(s) named under Trust Agreement dated: _____

7. Policy Loan: I request a policy loan of _____ or the maximum loan value if less.

Execution of Signatures: (If Corporation or trust signature and title of authorized Officer)

_____ Signature of Current Owner	_____ Social Security Number	_____ Date
_____ Signature of New Owner	_____ Social Security Number	_____ Date
_____ Signature of Assignee	_____ Signature of Spouse*	_____ Date
_____ Signature of Witness to All Signatures	_____ Other Signature	_____ Date
_____ Signature for the Company by its Secretary at its Home Office on the date specified.		_____ Date

The Signature of wife or husband is required if current owner or new owner is a resident of the following COMMUNITY PROPERTY STATES: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin.