

The Total Solutions Provider™

- Check company which issued policy:

 ☐ Transamerica Occidental Life Insurance Company
 ☐ Transamerica Life Insurance Company (formerly PFL)
- ☐ Transamerica Assurance Company
- ☐ Transamerica Assurance Company/American Heritage Life Venture
- ☐ Monumental Life Insurance Company
- ☐ Life Investors Insurance Company of America

Requ	iest For
Policy	Change

1. Policy Owner and Insured	Information			<u></u>
Policy Owner Social Security #:	Policy Owner Name:			
	(First)		(Middle)	(Last)
Insured Social Security #:	Insured Name:	_	_	
B. U #.	(First)		(Middle)	(Last) SD #:
Policy #:	Employer Name			SD#:
2. Name Changes				
☐ Change name of: ☐ Insure	red □ Owner □ Pavor	☐ Benefic	iarv	
o .	ž			
From	Print)	. To	(New Nai	ume - Please Print)
				me - Hease Francy
Reason for Change: Marriage	☐ Divorce ☐ Correction	□ Other	(If other, attach c	copy of legal evidence)
3. Policy Owner Changes				
☐ Record the following Transfe	er of Ownership*	nge Owner Ac	ldress	
New Owner Name:			Social Security #:	
Address:	(Street)		Daytime Phone #:	()
	(Street)			
	(City/State/ZIP Code)		Evening I none n.	·
All right, title and interest in thi	is policy are transferred to	the new own	er. This transfer is s	subject to any policy loans and
collateral assignments. The cha	ange of ownership does not	t change the b	eneficiary unless ind	
Changes). Any existing owner's	s designee or contingent ov	wner is revoke	ed	
4. Billing Changes				
New Premium Mode:	☐ Pre-authorized checkin	-	☐ Direct Bill	
New Premium Frequency:	☐ Monthly ☐ Quart		After Tax	
☐ Change Planned Periodic Paym	nent to: \$		Other	
5. Reduction In Benefits:	1 1 · //	1	1,·-\ 0	
			der penalties) \$	
☐ Change Planned Periodic Prem		` /	□ Can	1 Cl Harry Town Didor
☐ Cancel Accidental Death Rider	Lancer vv	Vaiver Provision	m 🗀 Can	cel Children's Term Rider
Other		·		
6. Beneficiary Changes ☐ Change Beneficiary(ies).				
I hereby revoke any and all pri	ior banaficiary designations	and avisting se	stillament agreements	if any and elect to change the
beneficiary(ies) under the above n			Michient agreement,	If ally, and elect to change and
Primary Beneficiary(ies): For multip	1 2		- noted below	
Full Name (as it should appear on company records)	<u>Street Address</u>	I Sildi Co unico.	City/State/Zip Code	Relationship Date of Birth
O - 4: 4 Donafiaionyliag) . Don	To The Theodisianian	. Toward		a di
Contingent Beneficiary(ies): Rece Full Name (as it should appear on company records)				
	<u></u>			
It is understood and agreed that, u	inless otherwise directed, pro	oceeds will be	paid in accordance w	ith the policy provisions.
7. Signatures:				
				been checked on this form and further
				shall become part of the policy. I/We
				be waived and that these changes be
effective upon completion and exe	ecution of this form and app	roval hereoi u	y the company at its A	Administrative Office.
I/We certify that no insolvency or	bankruptcy proceedings are	e now pending	against me/us.	
Signed at		this	day of	
Signed at(City)	,(State)	tillo	(Date) Gay 01	(Month) (Year)
Current Policy Owner (r.	required for any change)	^		Witness
Spouse (required in com	nmunity property states)			Witness
X		X		
Assignee or New Policy	Owner (if applicable)			Witness
	ECE ADMINISTRA	· ==== OFF		
Til 1	FOR ADMINISTR			Cd C - indicated above
The above requested policy				of the Company indicated above.
1	Endorsement of such cha	ange on said po	olicy is hereby waiveu	1.

Date Recorded

By

Instructions For Completing The Request For Service Form

Item #1: Complete this section for all requests. Enter policy owner name and social security number, insured name and

serial number, and policy or certificate number.. Always include the name of all Insured parties and Employer's

name. Please provide us with the Salary Deduction case number (if available).

Item #2: Complete this section only if you are requesting a name change. (Not used to transfer ownership)

Item #3: Complete this section only if you are requesting to transfer ownership or change address of current owner. Be

sure to provide all information as requested.

* This form can only be used to transfer ownership of individually owned policies. For all other policies

you must complete Form WMD 6187-0801.

Item #4: Complete this section only if you are requesting to change your billing mode or frequency. For automatic bank

draft, you will need to complete form WMD 4015-0801.

Item #5: Complete this section only if you are requesting to reduce your benefits/coverage.

Item #6: Complete this section only if you are requesting to change your designated beneficiaries. If you are selecting multiple beneficiaries, be sure to include the percentage amount that you would like for each beneficiary to

receive, otherwise payment will be made in equal shares. If the proposed beneficiary is a married woman, use her own given and maiden names and her husband's surname (e.g., "Mary Joan Smith Jones", not "Mrs. John J.

Jones").

Item #7: Complete this section for all requests. The following signatures are required:

(a) Policy Owner (If there are 2 or more co-owners, the signatures of each co-owner are required)

(b) Spouse of Policy Owner (If residence is in one of the community property states of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas or Washington)

(c) Assignee (If any)

(d) EACH SIGNATURE MUST BE WITNESSED BY A DISINTERESTED PARTY.

ALL SIGNATURES MUST BE WRITTEN IN INK AND WRITTEN EXACTLY AS THE NAME IS GIVEN IN THE POLICY OR ASSIGNMENT.

General Notice

In the event your policy/certificate is a Modified Endowment Contract (MEC), amounts received (including loans, assignments and/or pledges) prior to the death of the Insured may be fully taxable, and before the owner is age 59-1/2, subject to a 10% tax penalty. Under the Technical and Miscellaneous Revenue Act of 1988 (TAMRA), a life insurance contract becomes a MEC when actual premiums paid exceed a specified 7-pay premium limit or when certain changes are made to policy benefits.

Transamerica Worksite Marketing does not offer tax or legal advice. Because tax laws are subject to change and different interpretations, we recommend that you seek counsel from a qualified tax advisor.

Return Completed Form To:

Transamerica Worksite Marketing Administrative Office P.O. Box 8063 Little Rock, Arkansas 72203-8063 (888) 763-7474

Additional Customer Service Forms Available:

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Request for Automatic ACH/Bank Draft Premium Payment	WMD 4015-0801	
Request for Duplicate Policy/Certificate	WMD 6173-0802	
Request for Policy Loan	WMD 2284-0802	
Request for Reinstatement of Policy	WMD 2273-0802	
Request for Surrender	WMD 2283-0802	
Request for Transfer of Ownership	WMD 6187-0802	
Request for Absolute Assignment	WMD 6174-0802	
Release of Absolute Assignment	WMD 6176-0802	
Request for Collateral Assignment	WMD 6175-0802	
Release of Collateral Assignment	WMD 6177-0802	
Request for Absolute Assignment of Certificate Holder's Rights	WMD 5335-0802	
Any increase in coverage (including adding dependants) requires completion of a new		
application with a licensed agent.		