



A Member of the NGL Insurance Group

Settlers Life Insurance Company
1969 Lee Highway • PO Box 8600
Bristol, Virginia 24203-8600
Ph: (800) 542-8711 • Fax: (276) 645-4398
www.settlerslife.com

REQUEST FOR SERVICE

Policy/Certificate No. _____ Insured: _____

TYPE OF SERVICE REQUESTED: (PLEASE PRINT CLEARLY IN INK AND SIGN BELOW)

- 1. CHANGE MODE OF PAYMENT to: Annual Semiannual Quarterly
- 2. CHANGE OF BENEFICIARY: PRINT FULL NAME, ADDRESS, AGE & RELATIONSHIP OF EACH TO THE INSURED.
This beneficiary designation cancels all prior beneficiary designations for the policy. No change in beneficiary is effective until the Company has received written notice of such change. The beneficiary of the policy shall be:

Primary Beneficiary:

Name	Age	Relationship
Address	Social Security Number	

Contingent Beneficiary:

Name	Age	Relationship
Address	Social Security Number	

- 3. CHANGE OF NAME of: (due to marriage, divorce, etc.) Insured Owner Payor Beneficiary
to _____ Reason _____
(Marriage, Divorce, etc.)

Address	City	State	Zip

- 4. REQUEST FOR VERIFICATION OF INSURANCE:
Reason: Policy/Certificate Lost Policy/Certificate Destroyed Other

5. I hereby request the above change(s)

Insured: _____ Owner (If other than Insured): _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Insured's SSN: _____ Owner's SSN: _____

Date: _____ Signature of Owner: _____