

# Service Request Form



Working with you, for life®

Fidelity Life Association  
P.O. Box 5030  
Des Plaines, IL 60017  
Tel 800.369.3990  
Fax 866.947.8738

Policy Number: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Social Security Number: \_\_\_\_\_

Insured: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_  
(including area code)

**Address Change:** (may also be completed by contacting our office if you are the owner or active agent of record)

Check One: ☐ Owner ☐ Insured ☐ Payer

Street Address \_\_\_\_\_

Phone Number (including area code) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Address (if needed to receive duplicate copies of billing correspondence)

Secondary Addressee Name (please print) \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Secondary Addressee Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Name Change:** (This section does not change your ownership or beneficiary designation – not for corporation, trusts or partnerships)

Check One: ☐ Owner ☐ Insured ☐ Beneficiary  
☐ Other

Print Previous Name \_\_\_\_\_

**Reason for Name Change:**

Check One: ☐ Marriage ☐ Divorce ☐ Other\*

Print New Name\*\* \_\_\_\_\_

\*Please explain in Special Instructions section on page 2 and submit documentation  
\*\*The Signature section on Page 2 must also be completed

## Beneficiary Change:

I (we) ask that the beneficiary be changed as shown. Assuming this form is in good order, the change is effective when the company receives it. All prior beneficiary designations are revoked. This change does not need to be endorsed on the policy. Unless otherwise stated: a) primary beneficiaries will share to proceeds equally; and b) if no primary or contingent beneficiary survives the insured by 15 days, or as specified in your contract, the proceeds will then go to the estate of the insured; and c) the share of a deceased beneficiary will pass equally to the surviving beneficiaries.

Name and Address of Primary Beneficiaries	Relationship to Owner	%	Date of Birth

Name and Address of Contingent Beneficiaries	Relationship to Owner	%	Date of Birth

- The new designation cancels all previous designations, subject to the rights of any existing assignment. Please note: The names of the primary beneficiary(ies) must always be stated when a beneficiary change request is submitted.
- Unless otherwise indicated, the right to change the beneficiary is reserved by the owner(s).
- Percentage: Allocations must total 100%. Please use percentages rather than dollar amounts.
- If more space is needed, please utilize the Special Instructions section, or attach a separate sheet with policy number, owner's signature and date. Note: Any and all attachment pages must include the policy number, the owner's signature and the date.

**Non-forfeiture Option and Automatic Premium Loan Provision: (Life Policies Only)**

If I stop paying premiums when due after a cash value is first available, I elect the following option. The Company and I agree to waive all requirements that a change be endorsed on the policy.

Check One: ☐ Add ☐ Delete Automatic Premium Loan (APL)  
☐ Add ☐ Delete Extended Insurance (ETI), if available  
☐ Add ☐ Delete Reduced Paid-Up (RPU), if available

*(See policy for details on each provision)*

**Special Instructions:****Signatures:**

By signing below, the Owner(s) hereby certify that the information provided in this request is complete and accurate, and understand that this request will be processed according to the information provided. If there is any inconsistency between the language in this form and the policy, the policy language will apply.

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Owner's Signature (current)  
(if corporate, trust or partnership owned, note title of  
Officer, trustee or partner, respectively.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Joint Owner (if any) (please print)

\_\_\_\_\_  
Joint Owner's Signature (if any)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Irrevocable Beneficiary (if any)

\_\_\_\_\_  
Irrevocable Beneficiary's Signature (if any)

\_\_\_\_\_  
Date

**Spousal Consent for Community Property States:** If the policy is a resident of AZ, CA, ID, LA, NV, NM, TX, WA or WI, spousal consent is required unless the participant has no legal spouse. Please note, that without the spousal signature (if applicable), we will not be able to process the request.

\_\_\_\_\_  
Spousal Signature

\_\_\_\_\_  
Date

☐ Policy owner has no legal spouse.