TRUSTMARK

P.O. BOX 7930 LAKE FOREST, ILLINOIS 60045 1–800–918–8877

POLICYOWNER SERVICE REQUEST FORM

PLEASE PRINT OR TYPE EXCEPT WHERE SIGNATURES ARE REQUESTED. COMPLETE THIS SECTION AND SELECT CHANGES DESIRED.

Account No Cert/Policy No	
Insured's Name:	
Insured's Address, City, State, Zip Code:	
Insured's Phone Number: ()	
☐ 1. CHANGE OF OWNERSHIP BY ABSOLUTE ASSIGNMENT	
RETURN THE ORIGINAL CERTIFICATE/POLICY. IF IT WAS LOST OR DESTROYED DESCRIBE CIRCUMSTAI	ICES.
As current owner of this certificate/policy, I absolutely assign all of my rights of ownership in the certificate/policy to the new listed below. This request shall not change the beneficiary on record or mode of payment as a death benefit. If a char beneficiary is desired, the new owner must complete the "Change of Beneficiary" designation on page 2.	
New Owner Name:	
New Owner Social Security Number:	
New Owner Address:	
New Owner City, State, Zip Code:	
New Owner Telephone Number: ()	
Substitute W–9 Information for New Owner:	
Have you been notified by the Internal Revenue Service that you are subject to back-up withholding? \Box YES \Box	□ NO
Do you want Trustmark to withhold 20% of your taxable interest income? ☐ YES ☐ NO	
NEW OWNER SIGNATURE(S):	
IF THE NEW OWNER IS ALSO THE INSURED DO NOT COMPLETE CONTINGENT OWNER	
Contingent Owner Name:	
Contingent Owner Social Security Number:	
Contingent Owner Address:	
Contingent Owner City, State, Zip Code:	
Contingent Owner Telephone Number:(
Substitute W–9 Information for Contingent Owner:	
Have you been notified by the Internal Revenue Service that you are subject to back-up withholding? \Box YES	□ NO
Do you want Trustmark to withhold 20% of your taxable interest income?	
CONTINGENT OWNER SIGNATURE(S) (IF ADULT):	

	СН	IANGE OF BENEFICIARY		
	1.	All beneficiary designations on the o	certificate/policy made prior to this da	te are revoked.
	2.		ho, Louisiana, New Mexico, Nevada, you reside in a Community Property	
	3.	The beneficiary or beneficiaries on t	the certificate/policy from this date sh	all be as follows:
		PRIMARY BENEFICIARY	BENEFICIARY'S ADDRESS	RELATIONSHIP
			if living, otherwise	
		CONTINGENT BENEFICIARY(S)	BENEFICIARY'S ADDRESS	RELATIONSHIP
			Il designated beneficiaries predecease you, your bene	-6-i
Comp Comp made	cany. ⁻ cany c by th	ate/policy provision which requires endorsement of a The beneficiary may be changed at any time during to only when received at its Home Office, but when rece	a beneficiary change on the certificate/policy form is of the Insured's lifetime by written request satisfactory to eived shall take effect as of the date it was signed by er or not the Insured is living on the date of the receipt	deleted by mutual agreement of the owner and the othe Company. Such change will be binding on the the owner, subject to any action taken or payment
□ 3	. '	CHANGE OF NAME	Insured Owner Payo	or
From:		First Middle	To:First	Middle Last
Reaso	on:	i iist iviidule		Middle Last f Marriage:
□ 4	. (CHANGE OF AGE AND BIRTH DAT	Γ E (Attach Bir	rth Certificate to this form)
			(an Commedia to time formy
			Correct Da	
			`	
□ 5		Change Age of Insured toCHANGE OF PREMIUM PAYMENT	Correct Da	
□ 5		Change Age of Insured to	FREQUENCY Semi-Annual Annual horization) Allotm	
☐ 5		CHANGE OF PREMIUM PAYMENT Monthly Quarterly	FREQUENCY Semi-Annual Annual horization) Allotm	ate of Birth
	- '	Change Age of Insured to	FREQUENCY Semi-Annual Annual horization) Allotm 0-Matic Plan plus a sample check)	ate of Birth
□ 5 □ 6	- '	CHANGE OF PREMIUM PAYMENT Monthly Quarterly P.R.D. (Attach Payroll Deduction Autr C.O.M. (Attach Request for Check-O	FREQUENCY Semi-Annual Annual horization) Allotm D-Matic Plan plus a sample check)	nent (Attach Allotment Authorization)
	- '	CHANGE OF PREMIUM PAYMENT Monthly Quarterly P.R.D. (Attach Payroll Deduction Autr C.O.M. (Attach Request for Check-O	FREQUENCY Semi-Annual Annual horization) Allotm D-Matic Plan plus a sample check) RANCE unt to \$ and monthly p	nent (Attach Allotment Authorization) premium to \$
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9. REMOVAL OF BENEFIT RIDERS				
Remove:				
☐ Waiver of Premium				
☐ Accidental Death Benefit				
☐ Child Term Insurance Rider units				
☐ Other Insured Term Insurance Rider				
Name of Insured to be removed				
☐ Other, please specify				
10. PARTIAL WITHDRAWAL				
☐ Maximum amount available				
□ Amount \$				
Only one partial withdrawal will be allowed during each certificate/policy year. Your request must be made prior to the maturity date during the Insured's lifetime. Each withdrawal must be at least \$100. A partial withdrawal charge, as shown in the schedule, will be deducted each time this is done. We will not permit a partial withdrawal to reduce the cash value below a sum equal to two monthly deductions.				
A partial withdrawal will result in a reduction of the cash value, accumulated value and the death benefit amount by the amount of such partial withdrawal.				
11. LIFE SURRENDER				
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AGREEMENT AND SIGNATURE SECTION

signing below are of legal age and that no proceedings in bankruptcy are pending against any of them. The changes requested in this form will not become effective until approved by Trustmark.
Dated at this day of , 20
Signature of Current Owner(s):
Signature of New Owner(s):
If Change of Beneficiary and you reside in Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin, which are Community Property States your Spouse MUST sign here:
Witness (Not Related/Agent) Signature:
THIS SECTION FOR OFFICE USE ONLY
Received in Trustmark, Lake Forest, Illinois this day of
Changes made Approved by
Please attach copy to certificate/policy number