



Insured: _____ Policy Number: _____

The undersigned authorize(s) Prosperity Life Group to honor the service request(s) indicated below:

__ LOST POLICY RELEASE

This policy has been lost, mislaid, or destroyed. I release the company from any further claim against this policy and agree to return the policy to the company if it is recovered.

__ I request a duplicate policy. I understand that there is a \$10.00 fee and that the original policy is null and void. Coverage is in force under the provisions of the duplicate policy.

__ **NAME CHANGE** _ Name Insured _Name Insured Child __ Named Insured Spouse __ Beneficiary __ Owner __ Other

Name Insured Old name in full: _____

New name in full: _____

Reason for change: _____

UST SEND IN PROOF OF CHANGE (MARRIAGE LICENSE, DIVORCE DECREE ETC)

__ **OWNERSHIP CHANGE** I absolutely assign complete ownership and control of this policy to:

Name: _____ Date of Birth: _____ SSN or Tax ID # _____

Address (street, city, state, zip): _____

Signature of Owner: _____ Relationship to Insured: _____

__ **CHANGE OF BENEFICIARY** – I HEREBY REVOKE ANY DESIGNATION OF BENEFICIARY HERETOFORE MADE BY ME. COPY OF TRUST MUST BE SENT IF BENEFICIARY IS THE TRUST

Primary: _____ Relationship: _____

Contingent: _____ Relationship: _____

__ **POLICY CHANGE - ADD/REMOVE DEPENDENTS**

Name _____ DOB _____ Relationship to Insured _____

Male Female

Name _____ DOB _____ Relationship to Insured _____

Male Female

Name _____ DOB _____ Relationship to Insured _____

Male Female

__ **POLICY CHANGE - OTHER (please clearly specify intent to change)**

Signed: _____ Date: _____

SSN: _____ Address _____