SHENANDOAH LIFE INSURANCE COMPANY

CERTIFICATE CHANGE REQUEST

If premium is paid through payroll deduction, please consult with your employer prior to submitting this request form. Certificate Holder signature is required for all changes.

CERTIFICATE HOLDER INFORMATION - REQUIRED FOR ALL REQUEST TYPES

Certificate Holder Name

Certificate Holder Date of Birth	Certificate Number(s) and Type of Certificate(s)

Preferred Contact Phone Number

DEMOGRAPHIC CHANGES

Address/Telephone Number

NAME CHANGE

Name Change Applies To (Choose One): ❒ Certificate Holder ❒ Spouse ❒ Dependent

Change From (Old Name)

Change To (New Name)

Reason for Change: ❒ Marriage ❒ Divorce ❒ Correction

Request to change the Certificate Holder's name must include a copy of a marriage certificate, court order or valid driver's license.

REQUEST TO PORT COVERAGE

❒ Port Coverage Date of Termination of Employment/Ceased to be a member of an eligible class: _____

A port request should be accompanied by a check made payable to Shenandoah Life Insurance Company in an amount equal to one month's premium. The request and premium payment must be received within 30 days of the date the certificate holder ceased to be a member of an eligible class.

CHANGE(S) TO NAMED INSURED BENEFICIARY INFORMATION

Beneficiary Name	Relationship to Named Insured	Benefit %	Primary	Contingent
			❒	❒
			❒	❒
			❒	❒

CHANGE(S) TO SPOUSE BENEFICIARY INFORMATION *(if applicable)*

Beneficiary Name	Relationship to Spouse	Benefit %	Primary	Contingent
			❒	❒
			❒	❒
			❒	❒

If there are multiple Primary Beneficiaries, the benefit % must equal (add up to) 100%. Primary and Contingent Beneficiary percentages are not combined.

Note: Certificate Holder's signature and copy of government issued ID is required for beneficiary changes.

ALL OTHER REQUESTS

_____

_____

_____

SIGNATURE/DATE OF AUTHORIZED REQUESTOR

Form must be signed and dated by the Certificate Holder, Legal Authorized Representative (attach Legal Document/Power of Attorney), or an Authorized Group Representative.

X_____ _____

Signature Date

If submitted by a Group Representative, please provide the following information.

_____ _____

Authorized Representative's Printed Name Group Policy Number