

Name of Insured		Policy Number		
Name of Owner		Telephone Number		
Address of Owner		City	State Zip Code	
Name Change	Change the name of: ___ Insured ___ Assignee ___ Owner ___ Beneficiary			
	From: _____ To: _____			
	Reason: ___ Marriage ___ Divorce ___ Court Order ___ Other (Specify) _____			
	Signature of Former Name		Signature of Present Name	
Transfer of Ownership	New Owner		Date of Birth SS#/Tax ID #	
	Address of Owner		City State Zip Code	
	Phone Number		Relationship to Insured	
	Note: For a trust - include name of trust, date of trust, name of trustee and tax identification number for the trust.			
	Ownership - include current and new owners' signatures. If guardianship, divorce or death is involved, please include proper legal documents. A change in ownership does not change the payor unless specifically requested to do so by checking one of these boxes. Is new owner to be payor? ___ Yes ___ No			
Change of Beneficiary	Primary Beneficiary	Name(s) and Address(es)		Relationship to Insured/SS#
	Contingent Beneficiary			
All previous beneficiary designations and settlement options are hereby revoked and the above beneficiary designation is elected. I reserve my right to change the beneficiary in the future unless I specifically indicate otherwise. _____ (Initials)				
Policy Loan	I hereby apply for a loan on my policy in accordance with the policy loan provision in the amount of \$ _____			
	_____ (Initials) I hereby request the automatic premium loan provision			

NonForfeiture Option Elected	____ Paid-Up Insurance Amount: Effective Date:
	____ Extended Term Insurance Amount: Expiry Date
Surrender of Policy	I, the undersigned, hereby request the surrender of this policy. Any cash value or premium refunds will be sent to the policy owner at the address listed. _____ Initials
	PLEASE ENCLOSE YOUR ORIGINAL POLICY OR INITIAL THE LOST CONTRACT BOX BELOW
Verification of Lost Contract	I, the undersigned, hereby certify that this policy issued on my life by Wichita National Life Insurance has been lost, mislaid or destroyed and that it has not been assigned, or in any other manner transferred. I hereby specifically agree, in case of settlement under such policy, of the issuance of another policy in lieu thereof, to indemnify and save harmless the said company against any claim, demand or suit under said policy, and further agree that if such policy is found, it will be immediately returned to said company for cancellation without further claim thereunder. _____ (Initials)
Miscellaneous	Other: (Use this space for other changes and service requests)

Signature of Owner/SS #

Date

Signature of New Owner/SS #

Date

Approved by: Wichita National Life Insurance Company

Date

**Please complete, sign and
mail to:**

Wichita National Life Insurance Company
PO Box 1709
Lawton, OK 73502
Phone: (580) 353-5776