

Name of Insured		Policy Number		
Name of Owner		Telephone Number		
Address of Owner		City	State      Zip Code	
<b>Name Change</b>	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	
<b>Transfer of Ownership</b>	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			
<b>Change of Beneficiary</b>	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)				
<b>Policy Loan</b>	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			

<b>NonForfeiture Option Elected</b>	_____ Paid-Up Insurance                      Amount:                      Effective Date:
	_____ Extended Term Insurance                      Amount:                      Expiry Date
<b>Surrender of Policy</b>	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
	<b>PLEASE ENCLOSE YOUR ORIGINAL POLICY OR INITIAL THE LOST CONTRACT BOX BELOW</b>
<b>Verification of Lost Contract</b>	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)
<b>Miscellaneous</b>	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 369  
West Chester, OH 45071  
Fax: (888) 453-2290  
Phone: (800) 522-1625