



# Policy Service Request Form

Policy No. (One Policy only): \_\_\_\_\_ Insured Name: \_\_\_\_\_

**Change of Name:**

Do not use this form to change the owner or beneficiary designation. It is used to indicate legal name change by marriage, divorce, adoption, etc., or to correct spelling, errors, or omissions.

The name of the:  Insured  Beneficiary  Owner was changed by:  Marriage  Divorce  Adoption  Correction  
from \_\_\_\_\_ to \_\_\_\_\_  
First MI Last First MI Last

**Change of Address:**

The address of the:  Insured  Beneficiary  Owner has changed to:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

**Change of Premium Payor:**

Complete this section only if there is a change in who will be making premium payments

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
First MI Last City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Payment Method Change:**

Complete this section only if there is a change in how premiums will be paid.

**Please deduct premiums from my checking account**

Your checking account will be drafted monthly for your premium payments. Please attach a voided check. The checking account owner's signature is required.

Checking Acct. Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
First MI Last

**Please bill directly** (Choose one of the following)  Quarterly  Semi-Annually  Annually

**Policy Certificate (\$15 fee applies):**

I (we), the undersigned owner(s), represent and warrant that this policy is lost, misplaced, or has been destroyed and I (we) have no knowledge of its whereabouts. Therefore, I (we) request the Company to issue a policy certificate reflecting the basic terms and coverage provided by said policy. I (we) understand that this will be forwarded to me (us) upon the Company's receipt of \$15 fee for said service.

**Policy Cancellation:** *This option will cancel your policy. If the policy is canceled, reinstatement is not allowed.*

**Rider Cancellation:** *This option will cancel your policy rider. If the rider is canceled, reinstatement is not allowed.*

Cancel the following riders to the policy. **This option will cancel policy riders only.**

Spouse Term Rider  Child Term Rider  Accidental Death Benefit Rider

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
City & State Day Month Year

_____	_____
Policy Owner Signature	Policy Owner Address
_____	_____
Spouse Signature (Community Property States, see Signature Requirement Section)	Spouse Address
_____	_____
Assignee Signature (if applicable)	Assignee Address
_____	_____
Witness Signature	Witness Address
_____	_____
Witness Signature	Witness Address

**FOR HOME OFFICE USE ONLY**

The foregoing request has been recorded at the Home Office of Leaders Life Insurance Company, Tulsa, Oklahoma

Date: \_\_\_\_\_ Registrar: \_\_\_\_\_ President or Secretary \_\_\_\_\_

LL-410 (Revised 03/2020) LL-OI-05-0.1.H.0320



## Instructions

The current policy owner must complete this form in its entirety.

Print all information on the form in blue or black ink to ensure it is legible. It is extremely important we record your change request correctly.

The policy owner can change the designation of the individual or entity who receives payment notices for a policy. Premium notices and reminder notices will be mailed directly to the payer.

Complete the Payment Method section only if there is a change in how the premiums are to be paid.

Mail the completed form to:

Leaders Life Insurance Company  
P.O. Box 35768  
Tulsa, OK 74153

## Signature Requirements

### 1. The Policy Owner

The insured is usually the policy owner, but ownership may vest wholly or partially in:

- a. ANOTHER PERSON, in which event his or her signature is required.
- b. A CORPORATION, in which event the signature and title of an authorized officer other than the insured is required.
- c. A PARTNERSHIP, in which event all partners must sign. (If the policy has joint owner, both owners must sign any form submitted.)

### 2. Absolute Assignee

If the policy is absolutely assigned, the signature of the Assignee is required.

### 3. Spouse / Community Property State

If the insured/owner is a resident of one of the Community Property states the spouse must sign along with the insured/owner to authorize change(s) requested on this form. If divorced or widowed, please provide a copy of the divorce decree or death certificate. Community property laws are applicable in: AZ, CA, ID, LA, NV, NM, TX, WA, WI, and PR.

### 4. Witness

A disinterested person must witness the signatures. Two witnesses are required when a mark or "X" is used as a signature.