American Republic
Insurance Company
P.O. Box 1, Des Moines, Iowa 50306-0001

Request for Service

Insured	Owner *(If other than insured)*	Policy #

1. ☐ **Name Change** ☐Insured ☐Payor ☐Owner ☐Beneficiary
(For ownership changes, complete item #7)

_____
Former Name

_____
New Name

Reason: ☐Marriage ☐Divorce ☐Correction
☐Other - Attach copy of Legal Evidence

2. ☐ **Address Change**

_____
Street

_____
City *State* *ZIP*

3. ☐ **Change Dividend Option To:**
☐Pay in Cash ☐Accumulate at Interest
☐Reduce Premium ☐Buy Paid-Up Additions
☐Reduce Loan
☐Other_____
☐ _____

4. ☐ **Change Non-forfeiture Option To:**
☐Automatic Premium Loan
☐Extended Term Insurance
☐Reduced Paid-Up Insurance

5. ☐ **Lost Policy Certificate** ☐Certificate *(No Charge)* ☐Duplicate Policy *($20.00)*

Being of lawful age, I do hereby certify the above described policy has been lost or destroyed, that it has not been delivered to any person or business enterprise for any right, title or interest in it. Based on the foregoing statement, I request the issuance of a Certificate of Insurance for said lost policy. In consideration of granting my request without surrender of original policy, I hereby promise and agree to indemnity and hold the Company harmless from any and all loss or injuries which it may incur as a result of granting my request. I further agree to immediately return the original policy if found.

6. ☐ **Change of Beneficiary**

Cancel all previous beneficiary designations and settlement options selected under the above numbered policy and change the beneficiary of the policy as designated below, with right of revocation. ***(Complete beneficiary designation must be restated when change is made.)***

Primary Beneficiary Name	*Address*	*Age*	*Relationship*

Contingent Beneficiary Name	*Address*	*Age*	*Relationship*

It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the insured, but if none survives, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured. All beneficiaries joining herein waive and release all rights or interest in said Policy.

Fill in this information ONLY if you have established a Trust

Name of Trust _____

Address_____

Name of Trustee _____ **Date Trust Established** _____

(If you need more room, list additional beneficiary information on the back of this form.)

By this election, I hereby revoke all other and former designations made by me. I make this election subject to all of the conditions and provision of said policy as well as any existing assignment and unless otherwise provided by me in this application for change of beneficiary. I expressly reserve the full and absolute right to make other and further changes at anytime I may elect.

Signed, this _____ day of _____, 20 _____

Witness _____ Owner _____

Social Security Number _____

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that a community property interest does not exist, and the Company assumes no responsibility for further inquiry regarding the status of such interest. The insured and/or policyowner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction

Home Office use Only

The request(s) checked in the above section(s) has been approved and record by American Republic.

On: _____ By: _____