United Benefits Inc.

United Funeral Directors Benefit Life Insurance Company
United Funeral Benefit Life Insurance Company
United Pre-Need Funeral Plans, Inc

POLICYOWNER CHANGE REQUEST

Name of insured (First, Middle, Last) _____

As owner of policy number_____ I wish to take the action checked below:

□ **Change of Name**	Of □ Insured □ Beneficiary □ Owner To: (First Name, Middle, Last) _____ Reason: □ Marriage □ Divorce □ Correction □ Other_____ *Attach court order if applicable*
□ **Change of Address.**	From: _____ To: _____
□ **Change of Ownership**	Name: _____ Address: _____ Phone Number: (_____) _____ Social Security Number: _____ - _____ - _____ X _____ **New Owner Signature** Date

X _____ _____
Current Owner Signature Date Social Security Number

_____ _____
Address City/State/Zip Phone Number

X _____
Witness Signature *Other than family member* Date

_____ _____
Address City/State/Zip Phone Number

Please return to: • UFDBLIC AND/OR UFBLIC • P O Box 831670 • RICHARDSON, TX 75083-1670
Or email to: united@unitedbenefitsinc.com