

Service Request Form



Established 1896

Innovation is Our Policy

Fidelity Life Association
 P.O. Box 5030
 Des Plaines, IL 60017
 Tel (800) 369-3990
 Fax (866) 947-8738

Policy Number: _____

Owner: _____

Owner's Social Security Number: _____

Insured: _____

Owner's Phone Number: _____
 (including area code)

Address Change: (may also be completed by contacting our office if you are the owner or active agent of record)

Check One: Owner Insured Payer

 Street Address

Phone Number (including area code) _____

 City State Zip

Secondary Address (if needed to receive duplicate copies of billing correspondence)

Secondary Addressee Name (please print) _____

 Daytime Phone #

Secondary Addressee Address _____

 City State Zip

Name Change: (This section does not change your ownership or beneficiary designation – not for corporation, trusts or partnerships)

Check One: Owner Insured Beneficiary
 Other

 Print Previous Name

Reason for Name Change:

Check One: Marriage Divorce Other*

 Print New Name**

*Please explain in Special Instructions section on page 2 and submit documentation
 **The Signature section on Page 2 must also be completed

Beneficiary Change:

I (we) ask that the beneficiary be changed as shown. Assuming this form is in good order, the change is effective when the company receives it. All prior beneficiary designations are revoked. This change does not need to be endorsed on the policy. Unless otherwise stated: a) primary beneficiaries will share to proceeds equally; and b) if no primary or contingent beneficiary survives the insured by 15 days, or as specified in your contract, the proceeds will then go to the estate of the insured; and c) the share of a deceased beneficiary will pass equally to the surviving beneficiaries.

Name and Address of Primary Beneficiaries	Relationship to Owner	%	Date of Birth

Name and Address of Contingent Beneficiaries	Relationship to Owner	%	Date of Birth

- The new designation cancels all previous designations, subject to the rights of any existing assignment. Please note: The names of the primary beneficiary(ies) must always be stated when a beneficiary change request is submitted.
- Unless otherwise indicated, the right to change the beneficiary is reserved by the owner(s).
- Percentage: Allocations must total 100%. Please use percentages rather than dollar amounts.
- If more space is needed, please utilize the Special Instructions section, or attach a separate sheet with policy number, owner's signature and date. Note: Any and all attachment pages must include the policy number, the owner's signature and the date.

