

Policy Change Request

GLOBE LIFE CENTER / OKLAHOMA CITY, OKLAHOMA 73184



In RE: Policy No. _____ Insured _____

Dear Globe Life Policyholder:

Please check the change(s) you want, then sign and date this request. Please mail to: Globe Life And Accident Insurance Company, Attn: Policy Service, Globe Life Center, Oklahoma City, Oklahoma 73184-0001.

Beneficiary Change Please change the beneficiary of this Policy to:

Primary Beneficiary _____

Contingent Beneficiary _____

Name Change Please place an endorsement on the Policy showing:

Date of change _____

Change name to: _____
Please Print New Name

Reason for change Marriage Divorce Adoption

Other _____
Please send documented proof for reason of change.

Change of Mailing Address

Change address records so mail will be delivered as I have indicated.

The insured is now paying the premiums. Change name and address.

Premium Payor _____

Street Address _____

City & State _____ Zip _____

I, the undersigned, agree that this information and all policy changes indicated shall become a part of the Policy and shall be binding on all persons having a claim of interest under this policy. If a change of beneficiary is indicated, it will revoke all previous beneficiaries. By recording this change, the company agrees that any policy provisions requiring endorsement of the policy to effect a beneficiary change be hereby waived.

All changes shall become effective upon completion and receipt of this form at the Home Office of the Company but when recorded by the company, it shall take effect as of the date signed by the policy owner, without prejudice to the company on account of any payment made or action taken by the company before such notice of change.

Signature of Policy Owner _____ () _____
AREA CODE TELEPHONE

DO NOT SEND POLICY

Date _____