

LIFE POLICY CHANGE REQUEST

Name of Owner and Mailing Address For Insurance Purposes (type or print)

Date

Policy Number

Name of Insured

Telephone Number of Owner

 1. CHANGE NAME/ADDRESS TO

Effective Date of Name/Address Change: _____

Print Name

Street

City

State

Zip

 Insured

 Owner

 Co-Owner

 Payer

Relationship to Insured _____

 Reason for change _____ *(If other than marriage, divorce, or correction, affix copy of legal evidence)*
 2. BENEFICIARY CHANGE

In accordance with the provisions of the above numbered policy, I hereby revoke any and all previous designations of beneficiary and do now designate the beneficiary named below. Address must be given for each beneficiary designation. Please print full name.

Primary Beneficiary

Relationship To Insured

Address

In the event that there is no living primary beneficiary at my death, I hereby designate the following person or persons as contingent beneficiary of my account:

Contingent Beneficiary

Relationship To Insured

Address

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease the insured shall be distributed equally among the surviving beneficiaries or entirely to the survivor. I understand that if two or more Primary Beneficiaries or two or more Contingent Beneficiaries are named, the words "share equally or to the survivor or survivors of them" shall be in effect as if written into the designation unless other instructions are given over my signature. I further understand that if none of the designated beneficiaries is living at the time of death of the insured, the proceeds will be payable to the Executors, Administrators, or Assigns of the insured's estate.

3. CHANGE OF RIDERS/BENEFITS* **CANCEL CHANGE** Accidental Death Waiver of Premium Other _____ Spouse Rider Child Rider Change Death Benefit Pattern From _____ To _____

* When adding/increasing riders or changing Death Benefit Pattern to Type B, submit an application on each person covered.

 4. NONFORFEITURE OPTIONS

Convert to:

- Reduced Paid-Up Insurance
- Reduced Paid-Up Insurance (keeping outstanding loan)
- Extended Term Insurance

 5. TRANSFER OF OWNERSHIP AND CONTROL

For value received, the undersigned hereby assigns, transfers, and sets over unto _____ (New Owner),
 _____ (Address),
 _____ (Relationship to Insured), (and New Co-Owner, if any) _____,
 (Address) _____, the above numbered policy issued by Shenandoah Life Insurance
 Company on the life of _____ with all rights, title, interest, and incidents of ownership therein,
 including the right to change or revoke any designation of contingent owner and to exercise all other rights of absolute ownership
 therein without consent or joinder of the insured, beneficiary, or contingent owners, if any and including the interest of any revocably
 designated beneficiary who shall die before the insured.

 6. ADDITIONAL REQUEST**W-9 CERTIFICATION**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

SIGNATURES – I/WE agree that my/our signature(s) below shall apply to each request checked.

Date	Policy Number
X _____ Signature of Owner	_____ Pin Number, <i>if applicable</i> _____ Social Security Number of Owner
X _____ Signature of New Owner	_____ Pin Number, <i>if applicable</i> _____ Social Security Number of New Owner
X _____ Signature of Co-Owner, <i>if any</i>	_____ Pin Number, <i>if applicable</i> _____ Social Security Number of Co-Owner
X _____ Signature of New Co-Owner, <i>if any</i>	_____ Pin Number, <i>if applicable</i> _____ Social Security Number of New Co-Owner
X _____ Signature of Witness	
X _____ Signature of Assignee, <i>if any</i>	
X _____ Signature of Irrevocable Beneficiary, <i>if any</i>	

An acknowledgment of this request will be mailed to you after our records have been completed.

INSTRUCTIONS

1. Date and Policy Number must be shown on all pages.
2. The block for each requested change must be checked.
3. All appropriate signatures must be affixed.

<p>ACKNOWLEDGED SHENANDOAH LIFE INSURANCE COMPANY</p> <p>Date: _____</p>
