



# Life Policy Owner's Service Request

## Nsure Financial Insurance Company

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Phone: 901-708-5533 • www.nsureins.com

### 1. General Information (please print - complete for all requests)

#### Owner's Information:

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Insured's Information:  Same as Owner

Name: \_\_\_\_\_

#### Joint Owner's Information (if applicable):

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### 2. Address Change

#### Policy Owner:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_

#### Primary / Joint / Additional Insured:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_

#### Premium Payor:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Payment Mode: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Payor Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Name Changes (this is not an ownership designation form)

Change the name of:  Primary Insured  Payor  Owner  Beneficiary  Other (e.g. Joint Insured, Additional Insured)

From former name: \_\_\_\_\_

To present name: \_\_\_\_\_

Reason for change:  Marriage  Correction  Divorce  Court Action  Adoption

**NOTE: Please send a copy (no originals) of the information supporting this request for change. (i.e. marriage certificate, divorce decree, adoption paperwork, new social security card, court order)**

#### 4. Change Dividend Option

FUTURE dividends are to be applied as follows:

- To accumulate as interest
- To reduce the Premium
- To be applied to reduce the loan principal
- To purchase Paid-Up-Additional Insurance
- Annual Premium to be paid from dividend value each year
- Other (be specific): \_\_\_\_\_

**NOTE:** Your current dividend balance will remain unchanged.

#### 5. Change Billing Mode

Frequency:

- Annual  Semiannual  Quarterly **NOTE:** Monthly is not an option.

You will receive a billing notice within 31 days of the due date.

**NOTE:** Changing your frequency may require an adjustment payment.

#### 6. Change Planned Periodic Premium

- Change Planned Periodic Payment to: \$\_\_\_\_\_ (Universal Life only)

If you're considering changing your payment frequency or amount, please contact your insurance professional to request an in-force illustration. These types of changes can have significant impact on your contract value.

#### 7. Signature(s) (required)

**Owner:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Joint Owner** (if applicable):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_