

Check company which issued policy:

- Transamerica Occidental Life Insurance Company
- Transamerica Life Insurance Company (formerly PFL)
- Transamerica Assurance Company
- Transamerica Assurance Company/American Heritage Life Venture
- Monumental Life Insurance Company
- Life Investors Insurance Company of America

**Request For
Policy Change**

1. Policy Owner and Insured Information

Policy Owner Social Security #:	Policy Owner Name:		
	(First)	(Middle)	(Last)
Insured Social Security #:	Insured Name:		
	(First)	(Middle)	(Last)
Policy #:	Employer Name	SD #:	

2. Name Changes

- Change name of: Insured Owner Payor Beneficiary

From _____ To _____
(Former Name - Please Print) (New Name - Please Print)

Reason for Change: Marriage Divorce Correction Other _____
(If other, attach copy of legal evidence)

3. Policy Owner Changes

- Record the following Transfer of Ownership* Change Owner Address

New Owner Name: _____ Social Security #: _____

Address: _____ Daytime Phone #: (_____) _____
(Street) (City/State/ZIP Code)
Evening Phone #: (_____) _____

All right, title and interest in this policy are transferred to the new owner. This transfer is subject to any policy loans and collateral assignments. The change of ownership does not change the beneficiary unless indicated in Part 6 (Beneficiary Changes). Any existing owner's designee or contingent owner is revoked.

4. Billing Changes

- New Premium Mode: Pre-authorized checking Direct Bill
 New Premium Frequency: Monthly Quarterly After Tax _____
 Change Planned Periodic Payment to: \$ _____ Other _____

5. Reduction In Benefits:

- Reduce face amount to: *(may be subject to company imposed surrender penalties)* \$ _____
 Change Planned Periodic Premium for reduced face amount *(see #4)*
 Cancel Accidental Death Rider Cancel Waiver Provision Cancel Children's Term Rider
 Other _____

6. Beneficiary Changes

- Change Beneficiary(ies).

I hereby revoke any and all prior beneficiary designations and existing settlement agreements, if any, and elect to change the beneficiary(ies) under the above numbered policy as follows:

Primary Beneficiary(ies): For multiple beneficiaries, payment will be made in equal shares unless otherwise noted below.

Full Name (as it should appear on company records) % *Street Address* *City/State/Zip Code* *Relationship* *Date of Birth*

Contingent Beneficiary(ies): Receives proceeds only if all Primary Beneficiaries predecease the Insured. For multiple beneficiaries, payment will be made in equal shares unless otherwise noted.

Full Name (as it should appear on company records) % *Street Address* *City/State/Zip Code* *Relationship* *Date of Birth*

It is understood and agreed that, unless otherwise directed, proceeds will be paid in accordance with the policy provisions.

7. Signatures:

I/We understand and agree that my/our signature(s) below shall apply to each request which has been checked on this form and further agree that no request will become effective which is not checked. I/We agree that these changes shall become part of the policy. I/We request that any provisions in said policy requiring its endorsement to effect the change requested be waived and that these changes be effective upon completion and execution of this form and approval hereof by the company at its Administrative Office.

I/We certify that no insolvency or bankruptcy proceedings are now pending against me/us.

Signed at _____, _____ this _____ day of _____, _____.
(City) (State) (Date) (Month) (Year)

X _____ <i>Current Policy Owner (required for any change)</i>	X _____ <i>Witness</i>
X _____ <i>Spouse (required in community property states)</i>	X _____ <i>Witness</i>
X _____ <i>Assignee or New Policy Owner (if applicable)</i>	X _____ <i>Witness</i>

FOR ADMINISTRATIVE OFFICE USE ONLY

The above requested policy changes are hereby acknowledged and recorded on the books of the Company indicated above. Endorsement of such change on said policy is hereby waived.

Date Recorded _____ By _____

Instructions For Completing The Request For Service Form

- Item #1:** Complete this section for all requests. Enter policy owner name and social security number, insured name and serial number, and policy or certificate number.. Always include the name of all Insured parties and Employer's name. Please provide us with the Salary Deduction case number (if available).
- Item #2:** Complete this section only if you are requesting a name change. (Not used to transfer ownership)
- Item #3:** Complete this section only if you are requesting to transfer ownership or change address of current owner. Be sure to provide all information as requested.
*** This form can only be used to transfer ownership of individually owned policies. For all other policies you must complete Form WMD 6187-0801.**
- Item #4:** Complete this section only if you are requesting to change your billing mode or frequency. For automatic bank draft, you will need to complete form WMD 4015-0801.
- Item #5:** Complete this section only if you are requesting to reduce your benefits/coverage.
- Item #6:** Complete this section only if you are requesting to change your designated beneficiaries. If you are selecting multiple beneficiaries, be sure to include the percentage amount that you would like for each beneficiary to receive, otherwise payment will be made in equal shares. If the proposed beneficiary is a married woman, use her own given and maiden names and her husband's surname (e.g., "Mary Joan Smith Jones", not "Mrs. John J. Jones").
- Item #7:** Complete this section for all requests. The following signatures are required:
(a) Policy Owner (If there are 2 or more co-owners, the signatures of each co-owner are required)
(b) Spouse of Policy Owner (If residence is in one of the community property states of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas or Washington)
(c) Assignee (If any)
(d) **EACH SIGNATURE MUST BE WITNESSED BY A DISINTERESTED PARTY.**
ALL SIGNATURES MUST BE WRITTEN IN INK AND WRITTEN EXACTLY AS THE NAME IS GIVEN IN THE POLICY OR ASSIGNMENT.

General Notice

In the event your policy/certificate is a Modified Endowment Contract (MEC), amounts received (including loans, assignments and/or pledges) prior to the death of the Insured may be fully taxable, and before the owner is age 59-1/2, subject to a 10% tax penalty. Under the Technical and Miscellaneous Revenue Act of 1988 (TAMRA), a life insurance contract becomes a MEC when actual premiums paid exceed a specified 7-pay premium limit or when certain changes are made to policy benefits.

Transamerica Worksite Marketing does not offer tax or legal advice. Because tax laws are subject to change and different interpretations, we recommend that you seek counsel from a qualified tax advisor.

Return Completed Form To:

Transamerica Worksite Marketing
Administrative Office
P.O. Box 8063
Little Rock, Arkansas 72203-8063
(888) 763-7474

Additional Customer Service Forms Available:

Request for Automatic ACH/Bank Draft Premium Payment	WMD 4015-0801
Request for Duplicate Policy/Certificate	WMD 6173-0802
Request for Policy Loan	WMD 2284-0802
Request for Reinstatement of Policy	WMD 2273-0802
Request for Surrender	WMD 2283-0802
Request for Transfer of Ownership	WMD 6187-0802
Request for Absolute Assignment	WMD 6174-0802
Release of Absolute Assignment	WMD 6176-0802
Request for Collateral Assignment	WMD 6175-0802
Release of Collateral Assignment	WMD 6177-0802
Request for Absolute Assignment of Certificate Holder's Rights	WMD 5335-0802
Any increase in coverage (including adding dependants) requires completion of a new application with a licensed agent.	