



THE WESTERN AND SOUTHERN LIFE INSURANCE CO.  
 WESTERN-SOUTHERN LIFE ASSURANCE CO.  
 CINCINNATI, OHIO 45202  
 (800) 926-1993

**REQUEST FOR POLICY SERVICE**

**WP**       **ORD 1600**  
 **ANNUITY**

OFFICE CODE	ACCT. NO.	COX	POLICY NUMBER	SCOX	INSURED/ANNUITANT NAME	INSURED DATE OF BIRTH	INSURED SS#
OWNER'S PHONE NUMBER (include area code)		OWNER'S ADDRESS (ZIP CODE)			OWNER DATE OF BIRTH	OWNER SS#	

A.  Beneficiary Designation    B.  Name Change    C.  Policy Certificate  
 Duplicate Contract

PLACE TRACKING  
STICKER HERE

(all three pages of form must be returned for processing and owner signature is required on page 3)

**A. BENEFICIARY DESIGNATION - Completion of this form revokes all prior designations for all Classes; therefore, all Classes need to be re-designated.** For the purpose of establishing priority, Class I is higher than Class II, and Class II is higher than Class III. **Child Beneficiaries:** You may designate children individually or as a group (e.g., "children of the insured"). We recommend designating children individually unless you intend to include later. If you designate a group, all natural and legally adopted children in the group who are living when payment is due will be beneficiaries. By designating a group, you understand and agree that the Company will be relieved of liability if it pays a claim in good faith reliance on an affidavit or other written evidence satisfactory to the Company identifying unnamed members of the group. **PROVIDING A SS# AND DATE OF BIRTH WOULD HELP US LOCATE YOUR BENEFICIARY WHEN A CLAIM IS PRESENTED FOR PROCESSING.** The Contract proceeds due upon the death of the Insured/Annuitant will be paid in equal shares, unless otherwise specified, to the beneficiaries in the class highest in order of priority who are living on the Insured/Annuitant's date of death. **PLEASE PRINT CLEARLY. EVEN IF LEFT BLANK, ALL PAGES MUST BE RETURNED FOR FORM TO BE CONSIDERED VALID.**

**Class I (Primary) Beneficiary Designation**

Name		Relationship to Insured/Annuitant		Percentage %	
Address		City		State	Zip Code
Email Address		Telephone Number		Social Security Number	
Date of Birth		Name		Relationship to Insured/Annuitant	
Percentage %		Address		City	
State		Zip Code		Email Address	
Telephone Number		Social Security Number		Date of Birth	
Name		Relationship to Insured/Annuitant		Percentage %	
Address		City		State	Zip Code
Email Address		Telephone Number		Social Security Number	
Date of Birth		Name		Relationship to Insured/Annuitant	
Percentage %		Address		City	
State		Zip Code		Email Address	
Telephone Number		Social Security Number		Date of Birth	
Name		Relationship to Insured/Annuitant		Percentage %	
Address		City		State	Zip Code
Email Address		Telephone Number		Social Security Number	
Date of Birth		Name		Relationship to Insured/Annuitant	
Percentage %		Address		City	
State		Zip Code		Email Address	
Telephone Number		Social Security Number		Date of Birth	



INSURED/ANNUITANT NAME	COX	POLICY NUMBER
------------------------	-----	---------------

**Class II (Contingent) Beneficiary Designation**

Name		Relationship to Insured/Annuitant	Percentage %
Address		City	State Zip Code
Email Address		Telephone Number	Social Security Number Date of Birth
Name		Relationship to Insured/Annuitant	Percentage %
Address		City	State Zip Code
Email Address		Telephone Number	Social Security Number Date of Birth
Name		Relationship to Insured/Annuitant	Percentage %
Address		City	State Zip Code
Email Address		Telephone Number	Social Security Number Date of Birth

**Class III (2<sup>nd</sup> Contingent) Beneficiary Designation**

Name		Relationship to Insured/Annuitant	Percentage %
Address		City	State Zip Code
Email Address		Telephone Number	Social Security Number Date of Birth
Name		Relationship to Insured/Annuitant	Percentage %
Address		City	State Zip Code
Email Address		Telephone Number	Social Security Number Date of Birth

Beneficiary designation is not effective unless recorded by the Company at its Home Office. A confirmation will be provided for the Owner's records.

**B. NOTICE OF CHANGE OF NAME (Do not submit contract; signature required)**

(Do not use this form to change ownership to another person.)

**Date of birth and correct name are required for each person for whom a name change is completed.**

- Owner (Date of Birth) \_\_\_\_\_
- Joint Owners (Date of Birth) \_\_\_\_\_
- Beneficiary (Date of Birth) \_\_\_\_\_
- Spouse (Date of Birth) \_\_\_\_\_
- Insured/Annuitant (Date of Birth) \_\_\_\_\_
- Child (Date of Birth) \_\_\_\_\_

Change name to: \_\_\_\_\_

Reason for change: \_\_\_\_\_

FOR ANNUITY CONTRACTS: Provide legal documentation for all name changes.

FOR LIFE INSURANCE POLICIES: Provide legal documentation for all name changes, **except** name changes due to marriage or divorce.

A confirmation will be mailed for the Owner's records.



