

B. NOTICE OF CHANGE OF NAME (Do Not Submit Contract; sign at bottom)

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

Date of Birth is required for each person requiring name change.

The correct name of the 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) _____

Is: _____

Reason for Change: _____

Mail Confirmation To Owner Yes No

Substantiate all changes (except those by Marriage, Divorce or Adoption) by attaching a copy of the Court Order or some other authentic record.

C. POLICY CERTIFICATE (No fee required) Policy certificates are not available for issue states IL and OK.

DUPLICATE CONTRACT \$25 Fee Attached? Yes No. **If no fee attached, a policy certificate will be issued.**

Duplicate Contracts are not available for Weekly Premium Policies. A Policy Certificate will be issued at no charge.

By requesting a Policy Certificate or Duplicate Contract, I certify said contract has not been and is not now assigned nor has it been otherwise transferred or encumbered in any manner whatsoever and no person, firm or corporation has or claims the right to possession of said contract.

I agree that if a Duplicate Contract is issued to me, I shall surrender and return the original contract if ever it is found; and if a Policy Certificate is issued to me, I shall surrender and return such Certificate if the original contract ever is found.

We reserve the right to issue a Policy Certificate in situations where we cannot issue a duplicate contract. Any fees submitted will be returned.

Explain how the contract was lost or destroyed. _____

D. COMPLETE A SEPARATE FORM FOR EACH REQUEST.

Change Annuitant Add/Change Contingent Annuitant

Change Payee for Annuity Payments

Name _____ Sex _____ Date of Birth _____

Address _____ SS# _____

City, State, Zip _____ Relationship to Owner _____

Email Address _____ Telephone # _____

Fax # _____

This change is not effective unless recorded by the Company at its Home Office. A recorded copy will be provided for the owner's record.

Signed at _____ Date _____ Sign Here _____
CITY, STATE SIGNATURE OF OWNER



Best Practices for BENEFICIARY Form Completion

- **ALTERATIONS**
 - **Please keep in mind that any alterations made on the form (even if initialed) will delay approval of your request. If alterations are made, a new form without alterations will be required.**
 - Alterations may cause a question to the validity of the request at time of claim.
 - To ensure your wishes are honored without delay, we will send you a new set of service forms to ensure your wishes at time of claim can be expedited.
- **LOCATING BENEFICIARIES** – Providing the SSN, date of birth, and address of each designated beneficiary ensures we are able to locate and validate the beneficiary at the time of claim.
- **TRUST** – When naming a trust as beneficiary, provide the full name of the trust and the trust date.
 - **Note:** If the trust is the owner of the policy, the trust must be the beneficiary.
- **FUNERAL HOME** – We discourage naming a funeral home as beneficiary because 100% of the proceeds would be payable to the funeral home regardless of the bill.
 - In addition, if services take place at a different funeral home, we would still be required to pay the funeral home as designated.
 - **Please contact us to discuss options to secure your wishes.**
- **RELATIONSHIPS** – Please note, we cannot accept relationships such as caregiver, guardian, attorney-in-fact, banker, trustee, executor, etc., because they may not be acting in that capacity at time of claim.
- **DISTRIBUTION REQUESTS** – Distribution requests must be within **the same class designation** and add to 100%.
 - We cannot accept dollar amounts as the death benefit could be reduced by withdrawals such as loans, dividends, and premium payments due.
- **CHANGING/CORRECTING NAMES** – Complete Section B for any changes you wish to make to individuals **named on the existing policy** record due to marriage, adoption, spelling, or legal name changes; and provide the requested identifying data.
 - **Please note:** Section B is not for changing the actual individual on record to a different individual.
- **LEGAL REPRESENTATIVES** – If a power of attorney or guardianship is involved, **the signature must include the legal title following the signature. Please submit the legal documents** to show the authority for making these changes, **including a court order authorizing change if a guardianship is involved.**
- **DATING FORM** – We must have full current dates (month/day/year); incomplete dates, no dates, or post/advanced dates will result in delaying approval of your service request.
 - The dates on the service forms, just like the signatures, validate the requests made by you and the new policy owner.

Be sure to return the form for processing using one of the methods below:

Mailing Address:

- PO Box 1119 Cincinnati, OH 45201-1119

Faxing:

- 513-629-1530

E-mail

- wspforms@wslife.com