

POLICYOWNER CHANGE REQUEST AND/OR ENDORSEMENT

Return to:
PO BOX 833879
RICHARDSON TX 75083-3879



- Central Security Life Insurance Company
- Western American Life Insurance Company
- _____
(Hereinafter referred to as the Company)

(972) 699-2770

Please type or print

Name of insured (First, Middle, Last) _____

As owner of policy number _____ I wish to take the action checked below:

<input type="checkbox"/> Change of Name	Of <input type="checkbox"/> Insured <input type="checkbox"/> Beneficiary <input type="checkbox"/> Owner <i>Not to be used for Change of Ownership: Use form X-019</i> To: (First Name, Middle, Last) _____ Reason: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Correction <input type="checkbox"/> Other _____ <i>Attach court order if applicable</i>
<input type="checkbox"/> Change of Age	<input type="checkbox"/> Change date of birth of insured to _____ <i>Submit birth certificate</i>
<input type="checkbox"/> Lost Policy	I hereby request a <input type="checkbox"/> Lost Policy Certificate (no charge) <i>If the original policy is found, I agree to return the certificate or duplicate contract to the Company.</i> Or a <input type="checkbox"/> Duplicate Policy Contract (attach check or money order for \$20)
<input type="checkbox"/> Other Policy Changes	<input type="checkbox"/> Change method of premium payment to <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Electronic Funds Transfer (<i>submit Automatic Payment Plan (EFT) form and voided check</i>)

X _____
Owner Signature _____ Date _____ Social Security Number _____

 Address _____ City/State/Zip _____ (Area code) phone number _____

X _____
Witness Signature *Other than family member* _____ Date _____

 Address _____ City/State/Zip _____ (Area code) phone number _____

Conditions and Provisions
 This instrument will be effective on the date signed by the policyowner, but the Company will be fully discharged for any payment made prior to receiving the request at the home office.
 The Company may amend this request to include any provisions which may be necessary to conform this request to the Company's practices and/or to the terms of the policy.

The following terms are defined: Insured and Policy—If used for an annuity contract, these terms will mean “annuitant” and “contract” respectively.
Instructions
 Complete a separate form for each policy and return all signed forms to the Company.

- Signature Requirements**
1. Individual Policyowner—The policyowner should sign the form exactly as designated in the policy.
 2. Witness—The witness may be any legally competent adult person who knows the policyowner and is not a family member.

Service Representative
Recorded