



**LIFE, HEALTH AND ANNUITY
POLICY SERVICE FORM**

P.O. BOX 30325 • LANSING, MICHIGAN 48909-7825 • (517) 323-1200

It is not necessary to send the policy when requesting a policy change.

1. CHANGE OF BENEFICIARY

Policy Number _____ Insured or Annuitant _____

In accordance with the provisions of this policy, Auto-Owners Life Insurance Company is requested to change the beneficiary designation as stated below.

Primary Beneficiary(s) (all information is required)

Full Name	Date of Birth	SS #/TIN #	Address	Relationship	Split %*

Contingent Beneficiary(s) (if primary beneficiary(s) is not living) (all information is required)

Full Name	Date of Birth	SS #/TIN #	Address	Relationship	Split %*

* To be paid equally to surviving beneficiaries unless otherwise specified.

The right to change this beneficiary designation and all other rights, benefits, options and privileges conferred by this policy or allowed by the Company, including the right to assign, belong to the person making this beneficiary designation. All decisions on questions of fact made by the Company on the basis of affidavits, statements or other evidence satisfactory to it shall be conclusive and fully protect the Company. If any trustee is designated above, payment to such trustee shall discharge the Company from further liability to the extent of such payment. This request is subject to the provisions of the policy.

Signed at _____ this _____ day of _____, _____ Year
City & State Day Month

Policyowner's Signature Policyowner's Address

- **HOW TO SIGN:** All signatures must be in ink using the exact name shown in the policy. If, (1) a corporation owns the policy, the full corporate name should be written with the signature and title of an officer authorized to sign on its behalf. If, (2) a partnership owns the policy, the full name of the partnership should be written followed by the signatures of all partners.
- **WHO MUST SIGN:** This request must be signed by the person or persons who currently have ownership rights of the policy. Usually, this is the insured or annuitant. If an irrevocable beneficiary is currently named, that beneficiary must also sign.
- A copy of the beneficiary change will be returned to be kept with the policy.

For Home Office Use Only

The foregoing request is accepted on _____ Date

By _____

William J. Woodbury
Secretary
AUTO-OWNERS INSURANCE COMPANY

2. CHANGE OF NAME-ADDRESS-PREMIUM MODE-OWNER-OTHER

Policy Number _____ Insured or Annuitant _____

Change Name from _____ to _____

Change Owner of Life Policy from _____ to _____
(use form #1064 for Annuity or MEC ownership change)

Social Security Number of New Owner _____ D.O.B. _____ Address _____

In making a change in ownership, the undersigned policyowner does hereby transfer all rights of ownership as provided by law and by the terms of the above described policy, fully, completely and irrevocably to said newly designated owner, reserving none of the rights of ownership to himself/herself.

Address Change for: Insured/Annuitant Policyowner Payor _____

Change Premium Mode to: Annual Semi-Annual Quarterly Monthly Direct Bill (PT2, PT3 and Annuities only)
 Monthly EFT (Complete Electronic Funds Transfer Authorization #32119)

Other _____

Date _____
Current Policyowner's Signature _____

Date _____
New Policyowner's Signature _____

3. REQUEST FOR INFORMATION

I would like information regarding:

My telephone number is () _____ Best time to call _____ AM / PM

Please _____

Policy Number _____ Policyowner _____

4. MAIL/FAX COMPLETED FORM TO:

**ATTN: LIFE / HEALTH / ANNUITY POLICYHOLDER SERVICES
AUTO-OWNERS LIFE INSURANCE COMPANY
P.O. BOX 30325
LANSING, MICHIGAN 48909-7825
FAX: (517) 391-1906**