

District

REQUEST FOR POLICY CHANGE OR COPY OF POLICY

Agency

SUBMIT REQUESTS TO:
Kemper Life Insurance Services
1350 Timberlake Manor Parkway, Suite 200
Chesterfield, MO 63017-6039

Please use this form with one or more of the following Kemper Life companies: United Insurance Company of America, The Reliable Life Insurance Company, Union National Life Insurance Company, or Mutual Savings Life Insurance Company, and for policies administered for Jackson National Life Insurance Company.

Complete for all Changes	Policy Number (Required):			Birth Date	Social Security Number
	Insured's Name (Last, First, M.I.):				
	Current Mailing Address:			Primary Phone:	
	City:	State:	ZIP:	Alternate Phone/Email:	

I. CHANGE OF BENEFICIARY: An Irrevocable beneficiary designation may not be changed without the prior written consent of that beneficiary.
Subject to the terms and conditions of the referenced policy, I hereby revoke all previous beneficiary designations and elect to change the beneficiary(ies) to:

Primary	Name:	SS#:	DOB:	Relationship:	%
	Address:	City, State Zip:			Phone:
	Name:	SS#:	DOB:	Relationship:	%
	Address:	City, State Zip:			Phone:
	Name:	SS#:	DOB:	Relationship:	%
	Address:	City, State Zip:			Phone:
	Name:	SS#:	DOB:	Relationship:	%
	Address:	City, State Zip:			Phone:
Contingent	Name:	SS#:	DOB:	Relationship:	%
	Address:	City, State Zip:			Phone:
	Name:	SS#:	DOB:	Relationship:	%
	Address:	City, State Zip:			Phone:

I understand that if there is more than one beneficiary, benefits will be paid in equal shares to the surviving beneficiaries, unless otherwise specified. I certify that the right to change the beneficiary conferred upon me in the policy is not encumbered by any bankruptcy proceedings against me or by any pledge or assignment of said policy for the benefit of creditors or otherwise. If no named beneficiary is living at the insured's death, the beneficiary is the insured's estate. The change of beneficiary must be submitted to the Home Office while the insured(s) is/are alive and the policy is in force. Such changes may not be prohibited by the terms of an existing assignment, beneficiary designation or other restriction. I understand that if a funeral home is listed as the beneficiary, the death benefit payable to the funeral home is to the extent of services provided, and any remaining death benefit will be payable to the contingent beneficiary or the estate of the insured if a contingent is not listed.

II. INSURED NAME CHANGE

To: _____

Reason: ☐ Marriage* ☐ Divorce* ☐ Correction ☐ Adoption* ☐ Other

*A copy of the court order must accompany this form.

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III. REQUEST FOR LOST POLICY CERTIFICATE/DUPLICATE POLICY

Certificate ☐ **Duplicate** ☐

IV. NONFORFEITURE ELECTION

I elect the following option with no more premiums due:

Reduced Paid Up ☐ **Extended Term** ☐

V. CHANGE OF OWNERSHIP I (we) hereby transfer all rights, interests, claims, powers and privileges in the above policy, subject to the terms and conditions of the policy, to the following. **Both present and new owners must sign below and include their social security numbers.**

New Primary Owner			Birth Date	Relationship	Social Security Number
Name (Last, First, M.I.):					
Address:			Primary Phone:		
City:	State:	ZIP:	Alternate Phone/Email:		
New Contingent Owner			Birth Date	Relationship	Social Security Number
Name (Last, First, M.I.):					
Address:			Primary Phone:		
City:	State:	ZIP:	Alternate Phone/Email:		

VI. JOINT LIFE Beneficiary Designation for 2nd Insured (COMPLETE SECTION ONLY IF POLICY IS A JOINT WHOLE LIFE PLAN)

Primary	Name:	SS#:	DOB:	Relationship:	%
	Address:		City, State Zip:		Phone:
Contingent	Name:	SS#:	DOB:	Relationship:	%
	Address:		City, State Zip:		Phone:
	Name:	SS#:	DOB:	Relationship:	%
	Address:		City, State Zip:		Phone:

Subject to terms and conditions of the policy, I understand and agree that requested name, beneficiary and ownership changes are not valid until recorded by the Company's Home Office; however, once recorded, the changes become effective as of the date the request form was signed by the policyowner subject to any action the Company takes before recording it. Any policy provision requiring policy changes to be endorsed on the policy is hereby waived. For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Present Owner's Signature

Date

Social Security Number/Tax ID

New Primary Owner's Signature
(Change of Ownership only)

Date

Social Security Number/Tax ID

Changes which are valid and recorded by the Company's Home Office will be acknowledged under separate written notice.

INSTRUCTIONS AND EXAMPLES

Please complete one C-0013 Request for Policy Change for each policy number. Forward all completed forms to Kemper Life Insurance Services. A copy of this request or a letter indicating the requested change has been recorded and will be returned to you to be attached to the policy. It is important that the Insured, Owner, and Beneficiary information provided on this form is accurate and up-to-date in order for the Company to provide the best service in the future. Failure to provide or keep this information up-to-date could negatively impact the Company's ability to provide the best service, including processing of claims.

In every case, the policy name, address, telephone and Social Security Number of the insured must be completed. Include district and agency for agent.

Signature Requirements:

- The form needs to be signed by the policyowner or in the case of a minor, the parent or legal guardian who signed the application. (Be sure to check the legal age for your state)
- If the owner or an applicant is deceased, contact the Home Office for additional requirements.
- Ownership changes must be signed by both the new and the previous owners.

Section I - Change of Beneficiary. List the beneficiary's name, the beneficiary's relationship to the insured, the beneficiary's date of birth, Social Security Number and complete mailing address. All proportions will be considered equal unless indicated otherwise as a percent or fraction of the benefit. Do not list dollar amounts. Designated percentages must total 100%. If an irrevocable beneficiary is designated (see example below), any future changes in the beneficiary designation will require written approval by the irrevocable beneficiary. If only adding or changing a contingent beneficiary, the primary beneficiary must be restated on the change form.

EXAMPLES

If you wish to designate...

Please use this language...

Single Owner

- Jane Doe, spouse (Not Mrs. John Doe)

Estate

- Executor or Administrator of the Insured's estate, or estate

Corporation

- XYZ Corporation, or its successors

Children

- Susan Smith, Harriet Doe, Mike Doe, Children

Irrevocable beneficiary

- John Jones, irrevocably designated beneficiary

Trustee under written trust

- John Jones (XYZ Bank), as trustee or his (its) Successor trustee, under an Agreement dated June 1, 2000. If naming a Trust, a copy of the Trust Agreement must be provided.

Section II - Insured Name Change. Indicate whose name is being changed, the complete new name and the reason for the name change. Supply proper documentation such as court order, etc.

Section III - Request for Lost Policy Certificate/Duplicate Policy. Indicate whether a certificate or policy is being requested.

Section IV - Nonforfeiture Election. Check the appropriate box. Changes, which are valid and recorded by the Company's Home Office, will be acknowledged under separate written notice.

Section V - Change of ownership. Both previous and new owners must sign this form to make the request valid.

Section VI - Joint Life Policies. For joint life policies, indicate primary and contingent beneficiary designations for the second insured in the space indicated.