

WEST COAST LIFE INSURANCE COMPANY

P.O. Box 12687 • Birmingham, AL 35202-6687

POLICY SERVICE REQUEST

1-800-866-9933

Policy No.: _____

Insured: _____

Owner: _____

Insured's Address: _____

Owner's Address: _____

Check if new address:

Check if new address:

Social Security/Tax I.D. No. _____

Social Security/Tax I.D. No. _____

Daytime Telephone No. _____

Daytime Telephone No. _____

PLEASE MAKE THE FOLLOWING MARKED CHANGES

**1. DIVIDENDS-
COUPONS**

OPTION CHANGE: Apply future dividends coupons as follows:
 Pay in Cash

- Purchase Paid-Up additions Accumulate at Interest
- Repay Policy Loan Reduce Premium

Note: For One Year Term Insurance Option, Use Policy Change Application.

WITHDRAWAL: I apply for withdrawal of dividend coupons as follows:

(Clip and return coupons if attached to policy.)

- Maximum amount of accumulations \$_____ of accumulations (if less than maximum amount)

Apply withdrawn amounts as follows:

- ISSUE CHECK TO** _____
(Unless we are directed otherwise, the check will be made payable to the Owner.)
- Pay premiums due on Policy No. _____
- Reduce or repay loan on Policy No. _____
- Purchase paid-up additions (Evidence of insurability may be required.)
- Other _____

**2. REQUEST FOR
POLICY LOAN**

I (we) hereby request a loan in accordance with policy provisions:

- Issue check for maximum amount available _____
- Issue check for \$ _____
- Total loan of \$ _____ **(Check will be issued for loan less interest)**
- Pay premiums due on policy no. _____
- Other (describe) _____

The Policy is hereby assigned to the Company as security for the loan and interest thereon. Any dividend declared on the policy may be applied toward the payment of this loan and any unpaid interest.

No bankruptcy proceedings have been instituted by or against me (us) and no one other than I (we) has any claim or interest on this policy.

Make check payable to: _____
(Unless otherwise indicated, check will be made payable to the Owner.)

SIGN HERE FOR THE ABOVE REQUEST(S)

Witness _____

Owner: _____
Date

Address _____

Witness _____

Owner: _____
Date

Address _____

Assignee _____
Date

Mail Reply To: Agent Owner
SEE SIGNATURE REQUIREMENTS ON PAGE 4.

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Policy Number _____ Insured _____ Owner _____ Date _____

4. NON-FORFEITURE OPTIONS

I (we) hereby request that the cash value of the policy, less any existing indebtedness, be applied to purchase:
 Extended Term Insurance (if available) Paid-Up Insurance _____

5. CHANGE PREMIUM MODE

The Premium Mode is to be changed to: Annual Semi-Annual Quarterly (only if available)
 Monthly (only if available) Other (See below)
Other: _____ (Pre-Authorized Withdrawal, Sal. Sav., Govt. Allot., etc.)

NOTE: Send authorization for "Other".

Please indicate additional policy numbers: _____

6. AUTOMATIC PREMIUM LOAN (if available)

The Automatic Premium Loan Provision is to be: Effective Ineffective

7. CHANGE OF NAME

I (we) hereby request that the Company change its records to reflect that on _____ (Date) by reason of _____ (Marriage, a Divorce, etc.) the name of the Owner Insured Other (Specify) _____ was changed to _____ and that the said new name be used in all premiums and other notices, where applicable. Corporations must submit certified copy of the official document effectuating change of name.

8. TRANSFER OF OWNERSHIP

For good and sufficient consideration, receipt of which is hereby acknowledged, I (we) hereby convey, transfer, and set over absolutely to _____ (Name), _____ (Address), _____ (Soc. Sec. # or Tax I.D. #), all of my (our) right, title and interest in and to the policy together with all of my (our) powers, privileges, benefits, and advantages provided in said policy or derived therefrom subject to all the terms and conditions of the control provision of the policy and any indebtedness thereon.

I (we) understand that if more than one owner is named above, the policy will be owned jointly by all those named, or owned by the survivor(s) of them. If no owner survives, then the estate of the last owner to die shall be the owner. Where there is more than one owner, all ownership rights must be exercised jointly.

I (we) warrant that I (we) have the right to transfer ownership of the policy and that no proceedings in bankruptcy, voluntary or involuntary, have ever been instituted by or against me (us) and that I (we) am (are) not under guardianship or any legal disability.

SIGN HERE FOR THE ABOVE REQUEST(S)

West Coast Life Insurance Company agrees that, if the policy requires endorsement or amendment for the above requested change(s), recording and mailing a copy of this form will constitute such endorsement or amendment.

Witness _____ Owner: _____ Date: _____
Address _____ Owner: _____ Date: _____
Witness _____ Assignee: _____ Date: _____
Address _____ New Owner: _____ Date: _____

The above requested change(s) has(have) been approved and recorded by West Coast Life Insurance Company at its Home Office on _____ . WEST COAST LIFE INSURANCE COMPANY

Registrar or Authorized Officer _____

Secretary _____

Deborah J. Long

Mail Reply To: Agent Owner
SEE SIGNATURE REQUIREMENTS ON PAGE 4.

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | | | |
|---------------|---------|-------|------|
| Policy Number | Insured | Owner | Date |
|---------------|---------|-------|------|

9. LOST POLICY STATEMENT

I (we) do hereby declare that I (we) am the owner of Policy number _____ issued or assumed by West Coast Life Insurance Company of San Francisco, CA on the life of _____ and that said policy is not in my (our) possession and is not in the possession or control of any other person to the best of my (our) knowledge; I (we) further declare that said Policy has not been sold, assigned, or transferred and that no person, party, or corporation holds any legal or equitable claim, trust or charge on said Policy.

I (we) agree that should said Policy be found, it will be returned to the Company immediately.

| | | |
|------------------|----------------|---------------|
| _____ Witness | _____ Owner | _____ Date |
|------------------|----------------|---------------|

| | | |
|------------------|----------------|---------------|
| _____ Witness | _____ Owner | _____ Date |
|------------------|----------------|---------------|

10. WAIVER AND RELEASE OF ALL COMMUNITY PROPERTY RIGHTS

I hereby waive and release all community rights I may now have or may hereafter acquire in the policy; and I authorize West Coast Life Insurance Company to deal with the policy as the separate property of the Owner. Any interest I may have as a designated beneficiary of the policy is not affected by this waiver.

I hereby acknowledge that a copy of this instrument has been delivered to me.

WEST COAST LIFE INSURANCE COMPANY ASSUMES NO RESPONSIBILITY FOR THE VALIDITY OR LEGALITY OF THE FOREGOING WAIVER AND RELEASE.

| | | |
|------------------|---|---------------|
| _____ Witness | _____ Signature of Spouse (or Former Spouse) | _____ Date |
|------------------|---|---------------|

Address

SIGNATURE REQUIREMENTS

1. Please sign in ink. (Pencil signatures cannot be accepted.)
2. If the Policy is assigned, the Assignee must also sign.
3. If the Owner resides in the Community Property States of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Puerto Rico, Argentina, Venezuela, The Dominican Republic, or the Philippines, we recommend that the Owner's spouse join in signing this form. This is for the protection of both parties.
4. If the Policy is owned by a partnership, association, or company, this form should be signed by an officer other than Insured.
5. If the Policy is owned by a corporation, this form must be signed by an officer other than the Insured and that signature must be attested by the Secretary of the corporation or two officers should sign. If there is only one corporate officer, please advise us on this form.
6. Signatures must be witnessed by a disinterested party of legal age.