

North America Life Insurance Company of Texas
1250 S. Capital of Texas Hwy., Bldg. 3, Suite 150, Austin, Texas 78746, (800) 560-2641
POLICYOWNER SERVICE REQUEST

Please check applicable Insurer (Hereinafter referred to as the Company):

- Compdent Lincoln Memorial Life Insurance Company Memorial Service Life Insurance Company
 North America Life Insurance Company of Texas Woodmen World Insurance

TO BE COMPLETED BY POLICYOWNER

Name of Insured _____	Policy Number _____
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1. CHANGE OF ADDRESS- Record the following change of address:
 Street Address _____
 City, State, Zip Code _____ Telephone # _____

2. CHANGE OF NAME –Record the following change of name for the Insured Policyowner Payor
 From _____ To _____
 Reason for change Marriage Divorce Adoption Other _____
 Please attach supporting documentation

3. CHANGE OF BENEFICIARY –Record the following change of beneficiary. For each beneficiary, print full given name. If multiple beneficiaries, please indicate percentage. The spouse’s signature is required in community property states (AZ, CA, ID, LA, NV, NM, TX, WI and WA) if the beneficiary change is from your spouse to another party.

Primary _____ Irrevocable
 Contingent _____ Irrevocable

4. LOST POLICY STATEMENT
 The original of this policy has been lost or destroyed, and to the best of my knowledge is not in the possession of any other person or firm. It is understood that the Company will be held harmless and free from all claims as a result of issuance of such document. If the policy is found, the replacement document will be returned. This statement is acceptable in lieu of return of the policy when requesting cancellation.

5. TRANSFER OF OWNERSHIP-Record the following transfer of ownership:
 Name of new owner _____ Social Security # _____
 Address _____ Telephone # _____

6. POLICY LOAN –Complete a net policy loan in the amount of \$ _____
 The proceeds are to be paid in cash per instructions in Part 10—Miscellaneous.
 This policy is assigned to secure repayment of the loan. The provisions of the policy shall be applicable to this loan transaction. I understand that the loan will accrue interest from the date the loan is processed at the rate specified in the policy. The loan interest is payable each year on the policy anniversary date, we will send a loan interest notice and suggest payment of this amount in full. If the loan interest is not paid within 31 days of the due date, it is added to the loan principal and bears interest at the same rate and under the same conditions as the original loan. If you pay the loan interest each year as it comes due, the loan principal will remain the same. A policy loan does not have to be repaid; however, any indebtedness including accumulated interest is deducted when the policy proceeds are paid. If at any time the loan indebtedness equals the cash surrender value of the policy, the policy will terminate. You may repay your loan in installments of at least \$25.00. Please indicate the amount of your repayment below:
 Loan Repayment Amount: \$ _____ to begin with my premium payment on _____ (Date)

7. UNIVERSAL LIFE PARTIAL WITHDRAWAL REQUEST

Complete a net partial withdrawal in the amount of \$ _____

NOTE: In addition to the \$25.00 charge for a partial withdrawal there may also be an additional surrender charge assessed.

IMPORTANT NOTICE REGARDING WITHDRAWALS

The Internal Revenue Service (IRS) requires non-periodic distributions to be subject to Federal Income Tax withholding of ten percent (10%), unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is included in your income subject to the Federal Income Tax.

If you elect not to have withholding apply, or if you do not have enough Federal Income Tax withheld from your distribution, you may still be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

8. ANNUITY WITHDRAWAL REQUEST

Please send \$ _____ as a withdrawal from funds on deposit.

(If withdrawal requested exceeds amount available, the maximum amount will be sent.)

MARK "X" IN APPROPRIATE BOX. If not indicated, taxes will be withheld.

DO NOT withhold Federal Income Tax. WITHHOLD Federal Income Tax.

Social Security Number _____

9. SURRENDER FOR CASH VALUE—Issue a check for the net proceeds.

The company is released, acquitted and discharged from all claims and/or liabilities under this policy, if any, which may exist now or hereafter. The payment represents the full amount due under the policy.

THE ORIGINAL POLICY OR A LOST POLICY STATEMENT MUST ACCOMPANY THIS REQUEST.

10. Miscellaneous

Part 10 – Miscellaneous may be used to further explain any requests made in other parts of this form or to make other miscellaneous requests such as change of premium mode, withdrawal from dividends, change dividend option, etc.

I agree that changes requested will become effective on the date it is filed by the Home Office.

_____ Date Signature of Policyowner Signature of Spouse

_____ Complete Address of Policyowner Zip Code

_____ Tax ID Number/Social Security Number Telephone Number

TO BE COMPLETED BY ASSIGNEE

The undersigned assignee hereby agrees with the above request. Any check for policy values shall be payable to:

The sole order of the policyowner. The sole order of the assignee. Jointly to the policyowner and assignee.

_____ Date Signature of Assignee
(If assignee is a corporation, print full name and show full title of officer signing for the corporation.)

_____ Complete Address of Policyowner Zip Code Telephone Number

TO BE COMPLETED BY NALIC SERVICE.

Date recorded _____ by _____
Recorded by _____ Authorized Representative