

**MOUNTAIN LIFE INSURANCE COMPANY
POLICY CHANGE REQUEST**

Policy # _____ Primary Insured _____

Policy # _____ Joint Insured (if applicable) _____

Address Change:	Old Address _____
	New Address _____

Name Change:	Former Name _____
	New Name _____
	because of _____ on _____ (date)

Beneficiary Change:	Original Beneficiary _____
	New Beneficiary _____
	Relationship _____ Social Security Number _____
	Contingent Beneficiary _____
	Relationship _____ Social Security Number _____

Release of Assignment:	Assignee (Name of institution) _____
	Date Assignment is to be released _____
	Address original policy is being mailed to: _____

Surrender Single Premium Policy:	Date policy to be surrendered _____
	Mail surrender value to: _____ (Original Policy required)

Cancellation or Lapse of Prepaid Policy:	Date policy to be cancelled or lapsed _____
	Mail unearned prepaid premiums to: _____ (Original Policy required)

Signatures:	_____	_____
	Primary Insured	Date
	_____	_____
	Joint Insured (if applicable)	Date
	_____	_____
	Lender or Assignee	Date