OXFORD LIFE INS. CO. CHRISTIAN FIDELITY LIFE INS. CO. DALLAS GENERAL LIFE INS. CO.
NORTH AMERICAN INS. CO. REASSURE AMERICA LIFE INS. CO.
2721 N. Central Avenue • Phoenix, AZ 85004 • (866) 641-9999

POLICY CHANGE FORM

Return completed form with owner's signature(s) to the address above.

OWNER (S):	OWNER SOCIAL SECURITY NUMBER (S):	CONTRACT NUMBER:
	HOME TEL. #:	BUSINESS TEL. #:
INSURED:	HOME TEL. #:	BUSINESS TEL. #:

1 ADDRESS CHANGE: Change mailing address to:

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

2 BENEFICIARY CHANGE: *NOTE: Two or more beneficiaries share equally unless otherwise stated. The new designation cancels all previous beneficiary designations and elections of options, subject to the rights of any existing assignment. Unless otherwise indicated, the right to change the beneficiary is reserved by the owner(s). If a trust is being named, indicate the full name of the trust and the date it was established. A copy of the trust must be on file with the Company to effect a change of beneficiary.*

PRIMARY BENEFICIARY

FULL NAME	RELATIONSHIP	% SHARE

SOCIAL SECURITY #:
ADDRESS:

CONTINGENT BENEFICIARY

FULL NAME	RELATIONSHIP	% SHARE

SOCIAL SECURITY #:
ADDRESS:

PRIMARY BENEFICIARY

FULL NAME	RELATIONSHIP	% SHARE

SOCIAL SECURITY #:
ADDRESS:

CONTINGENT BENEFICIARY

FULL NAME	RELATIONSHIP	% SHARE

SOCIAL SECURITY #:
ADDRESS:

3 NAME CHANGE: Change owner's name to: Change insured's name to: *(check only one unless both are the same person.)*

PRINT OLD NAME:	SIGN OLD NAME:
PRINT NEW NAME:	SIGN NEW NAME:

REASON FOR CHANGE: Marriage Divorce Other *(please explain)*

4 SPECIAL INSTRUCTIONS:

Notice: No agent or representative of the Company listed above is authorized to alter, change or waive any of the terms or conditions of this form, or to bind the Company by any statement or representation. The terms of your contract shall control all transactions undertaken in this form. The Company suggests that you consult your own attorney, accountant or tax advisor for information relating to your particular situation.

It is hereby certified that my contract is not assigned or pledged as collateral to any other person or corporation and that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have ever been instituted by or against the owner(s) and that the owner(s) is/are not under guardianship or legal disability, unless indicated: _____.

The owner(s) signature(s) must be signed exactly as the contract application is signed. Do not abbreviate your name unless it appears that way on the original application. If more than one person owns this contract, the signatures of all of the owners are required. If a trust is the owner, a certified copy of the trust document must be on file with the Company checked above.

Dated this _____ day of _____, 20 _____

At (City) _____ (State) _____

_____ _____
Signature – Owner 1 Signature – Joint Owner *(if any)*

_____ _____
If owner name change sign old name AND →→→→→→→→ New Name

Home Office Use Only

Acknowledgment is hereby made on behalf of the Company checked above by:

_____ _____
Date Signature of Home Office Representative