



THE WESTERN AND SOUTHERN LIFE INSURANCE CO.  
 WESTERN-SOUTHERN LIFE ASSURANCE CO.  
 CINCINNATI, OHIO 45202  
 (800) 926-1993

**REQUEST FOR POLICY SERVICE**  
 WP       ORD 1600  
 ANNUITY

OFFICE CODE	ACCT. NO.	COX	POLICY NUMBER	SCOX	INSURED/ANNUITANT NAME	INSURED DATE OF BIRTH	INSURED SS#
OWNER'S PHONE NUMBER (include area code)		OWNER'S ADDRESS			(ZIP CODE)	OWNER DATE OF BIRTH	OWNER SS#

A.  Beneficiary Designation    B.  Name Change    C.  Policy Certificate  
 Duplicate Contract

PLACE TRACKING  
STICKER HERE

(all three pages of form must be returned for processing and owner signature is required on page 3)

**A. BENEFICIARY DESIGNATION - Completion of this form revokes all prior designations for all Classes; therefore, all Classes need to be re-designated.** For the purpose of establishing priority, Class I is higher than Class II, and Class II is higher than Class III. **Child Beneficiaries:** You may designate children individually or as a group (e.g., "children of the insured"). We recommend designating children individually unless you intend to include later. If you designate a group, all natural and legally adopted children in the group who are living when payment is due will be beneficiaries. By designating a group, you understand and agree that the Company will be relieved of liability if it pays a claim in good faith reliance on an affidavit or other written evidence satisfactory to the Company identifying unnamed members of the group. **PROVIDING A SS# AND DATE OF BIRTH WOULD HELP US LOCATE YOUR BENEFICIARY WHEN A CLAIM IS PRESENTED FOR PROCESSING.** The Contract proceeds due upon the death of the Insured/Annuitant will be paid in equal shares, unless otherwise specified, to the beneficiaries in the class highest in order of priority who are living on the Insured/Annuitant's date of death. **PLEASE PRINT CLEARLY. EVEN IF LEFT BLANK, ALL PAGES MUST BE RETURNED FOR FORM TO BE CONSIDERED VALID. \*For beneficiary changes in the state of Massachusetts, a witness signature is required. The witness must be over 18 and NOT DESIGNATED as a beneficiary.\***

Class I (Primary) Beneficiary Designation			
Name *Witness Signature Required for beneficiary changes in the state of Massachusetts.		Relationship to Insured/Annuitant	Percentage %
Address		City	State Zip Code
Email Address	Telephone Number	Social Security Number	Date of Birth
Name		Relationship to Insured/Annuitant	Percentage %
Address		City	State Zip Code
Email Address	Telephone Number	Social Security Number	Date of Birth
Name		Relationship to Insured/Annuitant	Percentage %
Address		City	State Zip Code
Email Address	Telephone Number	Social Security Number	Date of Birth
Name		Relationship to Insured/Annuitant	Percentage %
Address		City	State Zip Code
Email Address	Telephone Number	Social Security Number	Date of Birth
Name		Relationship to Insured/Annuitant	Percentage %
Address		City	State Zip Code
Email Address	Telephone Number	Social Security Number	Date of Birth



INSURED/ANNUITANT NAME	COX	POLICY NUMBER
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**Class II (Contingent) Beneficiary Designation**

Name	Relationship to Insured/Annuitant		Percentage %
Address	City	State	Zip Code
Email Address	Telephone Number	Social Security Number	Date of Birth
Name	Relationship to Insured/Annuitant		Percentage %
Address	City	State	Zip Code
Email Address	Telephone Number	Social Security Number	Date of Birth
Name	Relationship to Insured/Annuitant		Percentage %
Address	City	State	Zip Code
Email Address	Telephone Number	Social Security Number	Date of Birth

**Class III (2<sup>nd</sup> Contingent) Beneficiary Designation**

Name	Relationship to Insured/Annuitant		Percentage %
Address	City	State	Zip Code
Email Address	Telephone Number	Social Security Number	Date of Birth
Name	Relationship to Insured/Annuitant		Percentage %
Address	City	State	Zip Code
Email Address	Telephone Number	Social Security Number	Date of Birth

Beneficiary designation is not effective unless recorded by the Company at its Home Office. A confirmation will be provided for the Owner's records.

**B. NOTICE OF CHANGE OF NAME (Do not submit contract; signature required)**

(Do not use this form to change ownership to another person.)

**Date of birth and correct name are required for each person for whom a name change is completed.**

- |  |   |
|--|---|
| <input type="checkbox"/> Owner (Date of Birth) _____             | <input type="checkbox"/> Joint Owners (Date of Birth) _____ |
| <input type="checkbox"/> Beneficiary (Date of Birth) _____       | <input type="checkbox"/> Spouse (Date of Birth) _____       |
| <input type="checkbox"/> Insured/Annuitant (Date of Birth) _____ | <input type="checkbox"/> Child (Date of Birth) _____        |

Change name to: \_\_\_\_\_

Reason for change: \_\_\_\_\_

FOR ANNUITY CONTRACTS: Provide legal documentation for all name changes.

FOR LIFE INSURANCE POLICIES: Provide legal documentation for all name changes, **except** name changes due to marriage or divorce.

A confirmation will be mailed for the Owner's records.



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C.  **POLICY CERTIFICATE** (No fee required) Policy Certificates are not available for policies issued in IL and OK.

**DUPLICATE CONTRACT** \$25 Fee Attached?  Yes  No. If no fee attached, a policy certificate will be issued.

Duplicate Contracts are not available for Weekly Premium Policies. A Policy Certificate will be issued at no charge.

We reserve the right to issue a Policy Certificate in situations where we cannot issue a Duplicate Contract. Any fees submitted will be returned.

Explain how the contract was lost or destroyed. \_\_\_\_\_

\_\_\_\_\_

Signed at \_\_\_\_\_ Date \_\_\_\_\_ Sign Here \_\_\_\_\_  
CITY, STATE SIGNATURE OF OWNER

Sign Here \_\_\_\_\_ Witness\* \_\_\_\_\_  
ADDITIONAL SIGNATURE OF OWNER (if applicable) \*Required for beneficiary changes in the state of Massachusetts. The witness must be over 18 and NOT DESIGNATED as a beneficiary\*\* (if applicable)

\*Your signature MUST be notarized if:

- 1) The Company has requested a notarized signature.
- 2) You have signed with an "X." In this case, you MUST provide an explanation below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss:  
 COUNTY OF \_\_\_\_\_ )  
 OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO BEFORE me, the undersigned Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public  
 State of \_\_\_\_\_

**Spousal consent (if applicable)**

If you reside or have resided in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), and have not named your spouse sole beneficiary of this contract, your spouse may need to consent to a non-spouse being designated as beneficiary for any portion of its benefits. You may obtain such consent by having your spouse sign below. **The Company is not liable for any consequences resulting from your failure to obtain proper consent.**

I have reviewed this beneficiary designation and, as spouse of the contract owner, I consent to it and waive any rights I may have to the contract proceeds to the extent of this designation. This consent supersedes any prior spousal consent regarding the contract.

Signature of Owner's Spouse \_\_\_\_\_ Date Signed \_\_\_\_\_

A signature on this form transmitted by facsimile or electronically shall have the same force and effect as an original signature, and once received, the faxed document is the controlling document.

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.

