



POLICY OWNER'S CHANGE REQUEST
CICA LIFE OF AMERICA

Policyholder Services • P.O. Box 149151 • Austin TX 78714-9151 • Telephone: (800) 880-5044 • E-mail: PHS.USA@citizensinc.com

Policy Number (10 digits) | Insured | Owner (If other than Insured) | Date

INSTRUCTIONS: Mark and complete any section(s) of the form to indicate your request. Date and sign this form for which you have made a request. Mail this completed form to the address listed at the top of the form.

Upon receipt at the home office, the requested changes will be processed subject to the policy provisions. Any request received by the Company more than 60 days after the date the request was signed may be returned to you for a current date and signature.

1. BENEFCIARY: I hereby revoke all prior designations of beneficiary and request the designation below: PRINT FULL GIVEN NAME AND SURNAME, Primary Beneficiary, SSN OR TAX ID, Address of Beneficiary, DOB, Contingent Beneficiary, SSN OR TAX ID, Address of Contingent Beneficiary, DOB.
2. OWNER: Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiary(ies) who survive the insured; however, if none survive, proceeds will be paid in equal shares to any contingent beneficiary(ies) who survive the insured. I hereby request that all benefits, rights and privileges incident to ownership of the policy be vested in the new owner below: PRINT FULL GIVEN NAME AND SURNAME, RELATIONSHIP TO INSURED, New Owner, SSN or Tax ID, Address of New Owner, DOB, Contingent Owner, SSN OR TAX ID, Address of Contingent Owner, DOB.
3. NAME: Change Name of: Insured, Owner, Payor, Beneficiary, Marriage. From (Print Former Name), To (Print New Name). Reason for name change. If reason is other than Marriage, attach copy of Legal Evidence.
4. LOST POLICY: LOST POLICY STATEMENT: I hereby certify the policy has been lost or destroyed and I have no knowledge of its whereabouts, and said policy is not assigned, hypothecated, or pledged except as follows: I hereby request the issuance of a Policy Status letter providing policy information.

I direct any endorsement of the policy requested above be effected upon the Company's acceptance and acknowledgment evidenced below. I understand a change of beneficiary designation or transfer of ownership shall take effect as of the Acknowledgment of Request for Change date and I agree the Company may waive any policy provision requiring return of the policy for endorsement, but at its discretion may require its return.

-----SIGN BELOW FOR THE ABOVE REQUEST(S) -----

Signature of Witness | Signature of Insured or Owner, if other than Insured | Signature of New Owner and Contingent Owner (If Adding) | Printed Witness Name | Date | THE UNDERSIGNED ASSIGNEE AND IRREVOCABLE BENEFICIARY AGREE(S) TO THE ABOVE REQUEST(S) AND CHANGE(S). | Signature of Assignee (If Any) | Signature of Irrevocable Beneficiary (If Any)

HOME OFFICE USE ONLY
ACKNOWLEDGMENT OF REQUEST FOR CHANGE - PLEASE ATTACH TO POLICY

Dated on \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_
Print Company Representative Name & Title | Signature