

NATIONAL INCOME LIFE INSURANCE COMPANY
 PO Box 5009 Syracuse , NY 13220

**POLICY SERVICE REQUEST
 BENEFICIARY CHANGE**

- Print this form from your computer. After you fill out the form mail it (with an **ORIGINAL** signature) to the following address:

National Income Life Insurance Company
 PO Box 5009
 Syracuse , NY 13220

POLICY NUMBER	INSURED	OWNER

Primary Beneficiary:

Unless otherwise specified, proceeds to be paid in equal shares to the survivor(s)	Address	Relationship	Birthdate

Contingent Beneficiary – to be paid if no surviving Primary Beneficiary at the time of death:

Unless otherwise specified, proceeds to be paid in equal shares to the survivor(s)	Address	Relationship	Birthdate

COMMENTS:

 Date

 Signature of Owner

**** IT IS NOT NECESSARY TO SEND US YOUR POLICY ****