

**MULTI-PURPOSE CHANGE FORM**

**Administrative Office:  
PO Box 410  
Stanford, KY 40484-0410**

|                                   |                |
|-----------------------------------|----------------|
| Universal Guaranty Life Insurance | (800) 323-0050 |
| UG/Genworth Life & Annuity        | (866) 662-2344 |
| IdeaLife Insurance Company        | (866) 579-9432 |
| The Independent Order of Vikings  | (877) 241-6006 |

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

| CHANGE                          | INFORMATION TO COMPLETE  |
|---------------------------------|--|
| <b>1. ADDRESS CHANGE</b>        | Change the address for Premium Notices to: (Please Print) E-Mail Address: _____<br>_____<br>Number and Street City State Zip   |
| <b>2. NAME</b>                  | I, _____ was married _____ (Date) to _____ (Spouse's Name) and my name should now appear as _____ . If changing name for reasons other than marriage, include copy of Court Order.   |
| <b>3. OWNER</b>                 | I hereby request that ownership of this policy be changed to _____ whose relationship to the Insured is _____ and that all benefits, rights and privileges incident to Ownership be vested in the new owner.<br>New Owner's: Signature _____ Phone #: _____<br>Social Security Number _____ Date of Birth: _____<br>Address (Please Print) _____<br>Number and Street City State Zip |
| <b>4. CONTINGENT OWNER</b>      | I hereby name _____ contingent owner of this policy.<br>Social Security Number _____ Date of Birth: _____<br>Address (Please Print) _____<br>Number and Street City State Zip  |
| <b>5. NON-FORFEITURE</b>        | Surrender Value be applied to purchase: <input type="checkbox"/> Extended Term Insurance; <input type="checkbox"/> Reduced Paid-Up Insurance; in accordance with the Guaranteed Value Provisions of the Policy. Effective _____ with a face amount of _____  |
| <b>6. PREMIUM MODE</b>          | Change the mode of premium payment to: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Non-Bill Status (UL Policies or Annuities Only)  |
| <b>7. DIVIDEND OPTION</b>       | Change the dividend option to: <input type="checkbox"/> Cash <input type="checkbox"/> Reduce Premium <input type="checkbox"/> Deposit at Interest<br><input type="checkbox"/> Purchase Paid Up Additional Insurance <input type="checkbox"/> Reduce Loan   |
| <b>8. PLANNED PREMIUM</b>       | Change the planned premium payment (UL Policies or Annuities Only) to _____<br><input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly  |
| <b>9. DECREASE FACE AMOUNT</b>  | Decrease the policy face amount (UL Policies Only) to _____  |
| <b>10. DEATH BENEFIT OPTION</b> | <input type="checkbox"/> Change the death benefit option (UL Policies Only) from Increasing to Level   |
| <b>11. REMOVE RIDER(S)</b>      | Remove the rider benefit(s) listed here: _____   |

I direct that any endorsement or change of the policy as requested above be effected by return of a confirmation letter with the Company's acknowledgement. I certify that I am not now disabled, and that no proceedings in bankruptcy are pending.

Signature of Policy Owner: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Joint Owner: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*Signature of spouse if community property state  
 \*Community Property States AZ,CA,ID,LA,NV,NM,TX,WA,WI

Witness:(Notary Official): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Stamp or Seal Required