

NATIONAL INCOME LIFE INSURANCE COMPANY

**POLICY SERVICE REQUEST
BENEFICIARY CHANGE**

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

National Income Life Insurance Company
c/o National Income Life Service Center
PO Box 2608
Waco, TX 76797

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 ****