

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
1. ADDRESS CHANGE	Change the address for Premium Notices to: (Please Print) E-Mail Address: _____ _____ Number and Street City State Zip
2. NAME	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.
3. OWNER	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. New Owner's: Signature _____ Phone #: _____ Social Security Number _____ Date of Birth: _____ Address (Please Print) _____ Number and Street City State Zip
4. CONTINGENT OWNER	I hereby name _____ contingent owner of this policy. Social Security Number _____ Date of Birth: _____ Address (Please Print) _____ Number and Street City State Zip
5. NON-FORFEITURE	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 _____
6. PREMIUM MODE	Change the mode of premium payment to: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Non-Bill Status (UL Policies or Annuities Only)
7. DIVIDEND OPTION	Change the dividend option to: <input type="checkbox"/> Cash <input type="checkbox"/> Reduce Premium <input type="checkbox"/> Deposit at Interest <input type="checkbox"/> Purchase Paid Up Additional Insurance <input type="checkbox"/> Reduce Loan
8. PLANNED PREMIUM	Change the planned premium payment (UL Policies or Annuities Only) to _____ <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
9. DECREASE FACE AMOUNT	Decrease the policy face amount (UL Policies Only) to _____
10. DEATH BENEFIT OPTION	<input type="checkbox"/> Change the death benefit option (UL Policies Only) from Increasing to Level
11. REMOVE RIDER(S)	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