EMC℠
National Life Company
P.O Box 9202 ■ Des Moines, IA 50306-9202 ■ 1.800.232 5818 ■ www.emcnationallife.com

GROUP DEPARTMENT
FAX: 515-645-4219

REQUEST FOR CHANGE FORM

Important:
1 — Use ball point pen or typewriter.
2 — Leave set intact. Your copy will be returned.

The following change or changes are hereby requested in connection with my coverage under Group Policy No. _____

issued to (Group Policyholder): _____
(Company Name)

My name is _____

1. ☐ **CHANGE OF BENEFICIARY**
Primary

First Mdl. Last Rlshp.

First Mdl. Last Rlshp.

Contingent

First Mdl. Last Rlshp.

First Mdl. Last Rlshp.

with right to make future changes being reserved to the person covered. Unless otherwise provided herein, if two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares.

2. ☐ **CHANGE OF NAME**

From _____

To _____

3. ☐ **REQUEST FOR DUPLICATE CERTIFICATE**
I, the undersigned, hereby certify that the certificate specified above is not now in my possession. I agree to immediately surrender to EMC National Life Company said certificate should it come into my possession at any future time.

4. ☐ **ADDITION OF BENEFITS**
☐ Dependents Coverage

Spouse

_____ Birthdate _____

Child(ren)

_____ Birthdate _____

_____ Birthdate _____

_____ Birthdate _____

☐ Supplemental Additional Coverage

Amount $ _____

Attach Evidence of Insurability Form.

5. ☐ **CANCELLATION OF BENEFITS** as of _____

☐ Dependents Coverage

☐ Supplemental Additional Coverage

6. ☐ **SPECIAL REQUESTS**

_____

_____

Unless otherwise specified in the policy, such change or changes requested shall not take effect until the change is approved by the Company and any required premium is paid to the Company during the continued insurability of the insured.

Dated at _____ this _____ day of _____, 20_____

_____ Witness

_____ Signature of Certificate Holder

ACKNOWLEDGMENT BY COMPANY
Received and filed at the Home Office of the Company.

_____, 20_____

EMC.
National Life Company

Countersigned by _____

LH722 (7-04)