MEDICO®

P.O. Box 10386
Des Moines, IA 50306-0386
Toll Free 1-800-228-6080

Request for Service

Insured	Owner *(If other than insured)*	Policy #

I request Medico Insurance Company, Medico Corp Life Insurance Company, and/or Medico Life and Health Insurance Company (the "Company") to complete the action(s) indicated on this form.

1. ☐ **Name Change** ☐Insured ☐Payor ☐Owner ☐Beneficiary

Former Name

New Name

Reason: ☐Marriage ☐Divorce ☐Correction
☐Other - Attach copy of Legal Evidence

2. ☐ **Address Change**

Street

City *State* *ZIP*

3. ☐ **Change Dividend Option To:**
☐Pay in Cash
☐Accumulate at Interest
☐Reduce Premium
☐Buy Paid-Up Additions
☐Reduce Loan
☐Other _____
☐ _____

4. ☐ **Change Non-forfeiture Option To:**
☐Automatic Premium Loan
☐Extended Term Insurance
☐Reduced Paid-Up Insurance

5. ☐ **Lost Policy Form/Duplicate Policy** ☐ Form *(No Charge)* ☐ Duplicate Policy *($10.00)*

Being of lawful age, I do hereby certify the above described policy has been lost or destroyed, that it has not been delivered to any person or business enterprise for any right, title or interest in it. Based on the foregoing statement, I request the issuance of a Lost Policy Form for said lost policy. In consideration of granting my request without surrender of original policy, I hereby promise and agree to indemnify and hold the Company harmless from any and all loss or injuries which it may incur as a result of granting my request. I further agree to immediately return the original policy if found.

6. ☐ **Change of Beneficiary**

Cancel all previous beneficiary designations and settlement options selected under the above numbered policy and change the beneficiary of the policy as designated below, with right of revocation. ***(Complete beneficiary designation must be restated when change is made.)***

Primary Beneficiary Name	*Address*	*Date of Birth*	*Social Security Nbr*
MEDICO PREARRANGEMENT TRUST			

Contingent Beneficiary Name	*Address*	*Date of Birth*	*Social Security Nbr*

It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the insured, but if none survives, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured. All beneficiaries joining herein waive and release all rights or interest in said policy.

Fill in this information ONLY if you have established a Trust

Name of Trust _____

Address _____

Name of Trustee _____ **Date Trust Established** _____

(If you need more room, list additional beneficiary information on the back of this form.)

Continued on back side

Medico Insurance Company administers for Ability Insurance Company
Medico Life and Health Insurance Company administers for Pioneer Mutual Life Insurance Company

By this election, I hereby revoke all other and former designations made by me. I make this election subject to all of the conditions and provision of said policy as well as any existing assignment and unless otherwise provided by me in this application for change of beneficiary. I expressly reserve the full and absolute right to make other and further changes at anytime I may elect.

Signed this _____ day of _____, 20 _____

Policyowner	*Social Security No.*	*Witness*
Spouse (required in community property state)	*Social Security No.*	*Witness*

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that a community property interest does not exist, and the Company assumes no responsibility for further inquiry regarding the status of such interest. The insured and/or policyowner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Policies issued in Oregon may not be canceled, modified, terminated or allowed to lapse after a petition for marital annulment, separation or dissolution is filed and upon service of summons and petition, until a final decree or judgment is issued, the petition is dismissed or until further order of the court.