



P.O. BOX 30325 • LANSING, MICHIGAN 48909-7825 • (517) 323-1200

LIFE, HEALTH AND ANNUITY POLICY SERVICE FORM

It is not necessary to send the policy when requesting a policy change.

1. CHANGE OF BENEFICIARY

Policy Number _____ Insured or Annuitant _____

In accordance with the provisions of this policy, Auto-Owners Life Insurance Company is requested to change the beneficiary designation as stated below.

All prior primary and contingent beneficiary designations are hereby revoked.

Primary: (Full name and relationship)

Contingent: (If primary beneficiary is not living)

The right to change this beneficiary designation and all other rights, benefits, options, and privileges conferred by this policy or allowed by the Company, including the right to assign, belong to the person making this beneficiary designation. All decisions on questions of fact made by the Company on the basis of affidavits, statements or other evidence satisfactory to it shall be conclusive and fully protect the Company. If any trustee is designated above, payment to such trustee shall discharge the Company from further liability to the extent of such payment. The request is subject to the provisions of the policy.

Signed at _____ this _____ day of _____, _____
City & State

• Policyowner's Signature

Policyowner's Address

- HOW TO SIGN: All signatures must be in ink using the exact name shown in the policy. If, (1) a corporation owns the policy, the full corporation name should be written with the signature and title of an officer authorized to sign on its behalf. If, (2) a partnership owns the policy, the full name of the partnership should be written followed by the signatures of all partners.
- WHO MUST SIGN: This request must be signed by the person or persons who currently have ownership rights of the policy. Usually, this is the insured. If an irrevocable beneficiary is currently named, that beneficiary must also sign.
- A copy of the beneficiary change will be returned to be kept with the policy.

For Home Office Use Only

The foregoing request is accepted on: _____
Date

By _____

SECRETARY

AUTO-OWNERS LIFE INSURANCE COMPANY

2. CHANGE OF NAME-ADDRESS-PREMIUM MODE-OWNER-OTHER

Policy Number _____ Insured or Annuitant _____ Revised _____
Date

Change Name from _____ to _____

Change Owner of Policy from _____ to _____

Social Security Number of New Owner _____ D.O.B. _____ Address _____

In making a change in ownership, the undersigned policyowner does hereby transfer all rights of ownership, as provided by law and by the terms of the above described policy, fully, completely and irrevocably to said newly designated owner, reserving none of the rights of ownership to himself/herself.

Address Change insured/annuitant policyowner payor _____

Change Premium Mode to Annual Semi-Annual Quarterly Monthly Direct Bill Monthly EFT (Complete Electronic Funds Transfer Authorization #32119) (Annuities & PT2&3)

Other _____

Date _____

• Policyowner's Signature

3. ASSIGNMENT OF POLICY AS COLLATERAL SECURITY

A copy of the completed form will be sent to the Assignee.

For a valuable consideration, the receipt of which is hereby acknowledged, and as security for the indebtedness hereinafter mentioned, _____ hereby sell, assign, transfer, set over and convey unto
I-We

of _____ or the executors, administrators, successors or
Street City State Zip Code
assigns, as the interest of said assignee may appear, all right, title and interest in and to Policy No. _____
insuring the life of _____ issued by
Auto-Owners Life Insurance Company of Lansing, Michigan subject to the terms and conditions of said policy.

Upon condition that this assignment is intended to secure such indebtedness of the policyowner to the assignee as may exist at the time of settlement under this policy and this assignment is expressly limited to such of the proceeds under the policy as may be necessary to liquidate said indebtedness, the remainder of the policy being unaffected hereby. Upon payment of the obligation hereby secured this assignment shall become null and void upon notice of such payment in writing to Auto-Owners Life Insurance Company. The Company has no obligation to see to the validity or sufficiency of any assignment.

Signed at _____ this _____ day of _____
City & State

• Policyowner's Signature _____

- If a corporation, the full corporate name should be written with the signature and title of an officer authorized to sign on its behalf.
- If a partnership, the full name of the partnership should be written followed by the signatures of all partners.

For Home Office Use Only

The foregoing request is accepted on: _____
Date

By _____



SECRETARY

AUTO-OWNERS LIFE INSURANCE COMPANY

4. RELEASE OF ASSIGNMENT

Policy Number _____ Date _____

THE DEBT, secured by the within Assignment, having been fully paid and satisfied, _____ hereby assign and relinquish
I-We
to the Assignor(s) therein all interest conveyed by said Assignment.

• Witness _____

• Assignee _____

5. POLICY LOAN OR SURRENDER REQUEST

Policy No. _____ Insured or Annuitant _____

Life Policy Loan Request

I request a loan against this policy subject to the terms and conditions of the Loan Provisions of said policy and I hereby assign said policy to Auto-Owners Life Insurance Company as security for the loan:

- Partial loan of policy cash value \$ _____
Maximum loan of policy cash value.

Cash Surrender of life insurance or annuity policy (See Federal Income Tax Withholding Election below)

- Partial Surrender amount \$ _____
Total Surrender

Universal Life/Annuity Surrender Charges are waived in the event the Insured/Annuitant is afflicted by a critical illness or is confined to a long-term nursing care facility. (See policy provisions for terms and conditions) Please check the appropriate box below; if applicable.

- The Insured/Annuitant has been afflicted with a critical illness.
The Insured/Annuitant is confined to a long-term nursing care facility.

Note: Written verification of critical illness or long-term nursing care confinement from a licensed physician must accompany this form.

Make Check Payable To: _____ Name

Mail Check To: _____ Name Street City State Zip Code

It is expressly represented and warranted that all natural persons signing below are of legal age and that no proceedings in bankruptcy or insolvency have been instituted or are pending against any of the undersigned.

- The policy loan or surrender request must be dated and signed by the owner(s).
The signature of a woman owner who has married since the policy was issued should be completed by adding her present surname to her name as it appears in the policy.
If a corporation owns the policy, the full corporate name should be written with the signature and title of an officer authorized to sign on its behalf.
If a partnership owns the policy, the full name of the partnership should be written followed by the signatures of all partners.

FEDERAL INCOME TAX WITHHOLDING ELECTION

Complete only when requesting a partial or total annuity or life insurance surrender or a policy loan on a Modified Endowment Contract.

The distribution you will be receiving from Auto-Owners Life Insurance Company may be subject to Federal Income Tax withholding rules unless you elect not to have withholding apply. If withholding is elected, it will apply only to that portion of the distribution which is subject to Federal Income Tax. There will be no tax withheld on the return of your own non-deductible contributions.

Check either Box A or B:

- A. NO - do not withhold Federal Income Tax. I am still liable for payment of any Federal Income Tax due on the taxable portion of payments I receive from Auto-Owners Life Insurance Company.
B. YES - I wish to have 10% withheld for Federal Income Tax purposes.

You may also be subject to the rules which require filing an estimated tax return (IRS form 1040-ES) regardless if you do or do not elect withholding.

Signed at _____ this _____ day of _____, _____ City & State

Policyowner's Signature Policyowner's Social Security # or Federal ID

6. REQUEST FOR INFORMATION

I would like information regarding:

My telephone number is () _____ Best time to call _____ a.m. p.m.

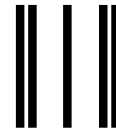
Please _____

Policy Number _____ Policyowner _____

----- FOLD -----

----- FOLD -----

FROM _____



Place
Stamp
Here

ATTN LIFE POLICYHOLDER SERVICES
AUTO-OWNERS INSURANCE
PO BOX 30325
LANSING MI 48909-7825

