

POLICYOWNER ACTION REQUEST

Return to:

PO BOX 833879
RICHARDSON TX 75083-3879



(972) 699-2770

- Champions Life Insurance Company
- Central Security Life Insurance Company
- Western American Life Insurance Company
- _____
(Hereinafter referred to as the Company)

Please print name of insured (First, Middle, Last) _____

As owner of policy number _____ I wish to take the action checked below:

<input type="checkbox"/>	Policy loan request <input type="checkbox"/> Maximum cash loan or <input type="checkbox"/> Net cash loan of \$_____ In consideration of receiving the proceeds of the loan on the above-listed policy, I (we) hereby assign the policy to the company as the sole security for said loan and agree that payment of the loan and interest is governed by the provisions of the policy and that the loan may be repaid only during the continuance of the policy in force.
<input type="checkbox"/>	Annuity withdrawal of \$ _____.
<input type="checkbox"/>	Change policy to <input type="checkbox"/> Reduced Paid Up (RPU) or to <input type="checkbox"/> Extended Term Insurance (ETI) . [Choose one only]
<input type="checkbox"/>	Other _____.

Owner Signature (seal)

Print Owner Name Social Security Number

Address City/State/Zip

(Area code) phone number Date

Joint Owner Signature *if applicable* (seal)

Print Joint Owner Name *if applicable* Social Security Number

Address City/State/Zip

(Area code) phone number

Signature Must be Notarized

Subscribed and sworn to before me this ____ day of _____, 20____

(Notary Public) Commission expires: _____