



United National Life Insurance Company of America
 P.O. Box 1154 • Glenview, Illinois 60025-1154 • (847) 803-5252

Insured: _____ Policy Number: _____

Owner: _____ Telephone Number of Owner (____) _____

Mailing Address of Owner: _____
 Number & Street City State Zip Code

1. ADDRESS CHANGE (Owner Only). The "Mailing Address of Owner" indicated above is a change of address.

2. ADDRESS CHANGE (Other than Owner)

For: Insured Assignee Billing Address Other (Specify) _____

New Address: _____
 Number & Street City State Zip Code

3. NAME CHANGE OR CORRECTION

Change the name of: Insured Owner Other (Specify) _____

From: _____ To: _____

Reason: Marriage Divorce Court Order Other (Specify) _____

- Notes: 1. For all name changes, other than by marriage, attach a certified copy of the legal document (such as court order, adoption papers). Change cannot be processed without such proof.
 2. If name is that of a corporation, submit certified resolution of the board of directors changing its name and copy of document indicating change officially recorded with state of incorporation.

4. OWNERSHIP CHANGE – ABSOLUTE ASSIGNMENT

For the value received, I hereby give all benefits, rights and privileges incident to ownership of the above policy to:

New Owner: _____ Social Security Number: _____

Mailing Address: _____
 Number & Street City State Zip Code

Date of Birth: _____

All future correspondence and notices, unless otherwise specified, will be sent to the "Mailing Address" indicated above.
 CAUTION: This change of ownership does not change the existing beneficiary designation.

Signature of Assignee, Beneficiary, Spouse/Former Spouse, Other _____ Date _____

5. OTHER: Indicate here any change not listed on this form:

6. BENEFICIARY CHANGE

I hereby revoke all previous beneficiary designations and settlement options for the above policy. The beneficiary designation shall be as shown below. The rights of the beneficiary will be subject to the rights of any assignee of record.

PRIMARY

FULL NAME	ADDRESS	RELATIONSHIP	DATE OF BIRTH	% OF PROCEEDS	WITH OR WITHOUT RIGHT OF REVOCATION
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CONTINGENT

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Unless otherwise provided, the proceeds of the policy are to be paid in one sum. Unless otherwise provided, if two or more beneficiaries are named in a class (Primary or Contingent) all members of the class who survive the insured will SHARE equally in any payment(s) due.

7. POLICY LOAN

I understand that the Company will make this loan with this policy, whose number is shown above, as the sole security for the loan. I also understand that the death benefit payable will be reduced by the amount of all outstanding loans. I agree to take this loan, subject to all the applicable terms and conditions in my policy.

- \$ _____ cash or maximum available amount, if less.
- Maximum Amount Available Minimum Deposit Amount Enclosed _____
- Loan to pay premium(s) (indicate premium due date)
- Special requests _____

8. NON-FORFEITURE OPTION REQUEST (Income tax withholding notice and election must be completed)

a. I request that effective on the date to which premiums are paid, the above policy continue as:

- Reduced Paid-Up Insurance Extended Term Insurance, if available, otherwise Reduced Paid-Up Insurance

b. I am returning the policy; I request a full cash surrender c. Partial surrender in amount of _____ or maximum available, if less.

*INCOME TAX WITHHOLDING NOTICE AND ELECTION: In 1982 Congress passed the Tax Equity & Fiscal Responsibility Act (TEFRA). This law requires that a tax of 10% be withheld from the taxable portion of certain life insurance payments you receive unless you decide not to have tax withheld. Withholding applies only to the taxable portion of the payment you receive and not to the entire payment. The taxable portion, which is subject to withholding, is in general, equal to the excess of the amount you receive over the total net amount which is considered to be your cost basis for such amount. In many instances, when a life insurance policy is surrendered for its cash value, there is no such excess.

Elect withholding or no withholding, by checking the appropriate box below. Please complete this section of this form by signing it and filling in your Social Security Number. If you do not make a choice, we will withhold 10% for Federal income taxes from any taxable portion of your payment. Even if you decide not to have Federal Income tax withheld, you are still liable for payment of Federal Income tax on the taxable portion of this payment. You may be subject to tax penalties under the Estimated Tax Payment Rules if your payment of estimated tax and withholding, if any, are not sufficient.

PLEASE (✓) ONE BOX

- I have read the above notice and elect to have no income tax withheld. Owner's Social Security Number _____
- I have read the above notice and elect to have income tax withheld. If not completed properly we may be required to withhold 20% from any taxable portion of your payment.

9. BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT: I understand that this request is subject to the provisions and conditions of the above policy and that the Company may request additional information or impose additional requirements. I agree that my signature shall apply to each request which has been checked on this form and further agree that no request will become effective which is not checked. I certify that the above policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings in bankruptcy are pending.

Signed at _____ Date _____
City and State

Witness' Signature (Attests to All Required Signatures Within This Form) _____ Owner's Signature _____

Witness Address – Number and Street _____ New Owner's Signature, If Applicable _____

City _____ State _____ Zip Code _____ Additional Required Signature, If Any (Apply to any Item in This Form Where Required)

Additional Required Signature, If Any (Apply to Any Item in This Form Where Required)

FOR COMPANY USE ONLY

The above request for change is acknowledged and has been completed by the Company. This acknowledgement applies only to the policy specified in this form. Presentation of the policy for completion of this change has been waived, except in request 12b.

Date Completed _____ By _____ Name (Type) _____ Title _____

Signature _____