

United Funeral Directors Benefit Life Insurance Company United Funeral Benefit Life Insurance Company United Funeral Benefit Life Insurance Company United Pre-Need Funeral Plans, Inc

POLICYOWNER CHANGE REQUEST Name of insured (First, Middle, Last) As owner of policy number______ I wish to take the action checked below: Of Insured Beneficiary Owner □ Change of To: (First Name, Middle, Last) Name Reason: Marriage Divorce Correction Other Attach court order if □ Change of From: Address. □ Change of **Ownership** Address: Phone Number: () Social Security Number: _____ - ____ - ____ **New Owner Signature** Current Owner Signature Date Social Security Number

Please return to: • UFDBLIC AND/OR UFBLIC • P O Box 831670 • RICHARDSON, TX 75083-1670

City/State/Zip

City/State/Zip

Date

Or email to: customerservice@unitedbenefitsinc.com

Witness Signature Other than Current or New Owner

Address

Address

Phone Number

Phone Number