

Fidelity Security Life Insurance Company

3130 Broadway, Kansas City, Missouri 64111-2406

Request for Service

Annuitant _____ I.D. No. _____

Mailing address (check if change) _____
Street City State Zip

Date of Birth ____/____/____ Contract _____ Telephone _____

1 Change of Beneficiary

Fidelity Security Life Insurance Company is requested to record, as evidenced by this instrument, that I hereby designate the person(s) indicated below as the beneficiary of any benefits payable by reason of the death of the Annuitant under said Certificate or Contract.

Primary Beneficiary

Print Full Name _____ %
First Middle Last Relationship

Date of Birth Mo. ____ Day ____ Yr. ____ Social Security No. ____/____/____

Address _____
Street City State Zip

Print Full Name _____ %
First Middle Last Relationship

Date of Birth Mo. ____ Day ____ Yr. ____ Social Security No. ____/____/____

Address _____
Street City State Zip

Contingent Beneficiary(ies)

Print Full Name _____ %
First Middle Last Relationship

Date of Birth Mo. ____ Day ____ Yr. ____ Social Security No. ____/____/____

Address _____
Street City State Zip

Print Full Name _____ %
First Middle Last Relationship

Date of Birth Mo. ____ Day ____ Yr. ____ Social Security No. ____/____/____

Address _____
Street City State Zip

(If more space is needed, use a separate sheet.)

I hereby revoke any prior designation and method of settlement with respect to such benefits.

2 Surviving Spouse Election

As the surviving spouse beneficiary, I hereby elect to continue the Certificate or Contract in my name with all rights of ownership. I acknowledge that required minimum distributions, if any, must begin based on the date my deceased spouse would have reached age 70 ½. (Surviving Spouse must complete Beneficiary Section above and Claimant Statement.)

(Over for Signature Lines)

3 Change of Ownership (Non-Qualified Annuities Only)

- I request that all benefits, rights and privileges incident to ownership of the Certificate or Contract be vested in the new owner named below and the executors, administrators, assignors or successors of such new owner.

Print Full Name _____
First Middle Last

Date of Birth Mo. _____ Day _____ Yr. _____ Social Security No. _____/_____/_____

Address _____
Street City/State/Zip

4 Change of Name

- Reason for change: Court Order Correction Marriage

From _____

To _____

5 Release of Information

- For Good Consideration, the undersigned hereby releases, discharges and acquits Fidelity Security Life Insurance Company, its officers, employees, subsidiaries and affiliates, from any claim or liability arising from the disclosure to my spouse, legal dependent or lawfully authorized entity of any information relating to my insurance coverage or annuity. This release includes, but is not limited to, enrollment information, beneficiary designations, applications, wage records, medical records, claim information, account values, balances and maturity dates.

Provided that this release applies only to the foregoing and no other debt, obligation, agreement or liability by and between the parties, which, if existing, shall survive this Release. It is expressly understood that this Release will remain in effect until it is revoked in writing by me and received via U.S. Mail by Fidelity Security Life Insurance Company.

6 Please Send a Duplicate Contract or Certificate

- I certify that the above mentioned Contract or Certificate has been lost or destroyed and that it has not been assigned, or in any other manner transferred. I request the Company to issue a duplicate Contract or Certificate. In consideration of the Company granting the request, I hereby agree to indemnify and hold harmless the Company from any and all losses or injuries which may occur as a result of granting this request. If the original is found, the duplicate will be returned to the Home Office of the Company.

I direct that any amendment of the Certificate or Contract requested above take effect on the date this request is signed, but without any liability to the Company or amount of payment action taken by it before this request was acknowledged by the Company.

Witness Signature of Owner Date

Signature of Owner's Spouse Date
(If resident of Community Property State)

For Home Office Use Only

This request approved and recorded by: _____
Signature of Authorized Person

Date