



POLICY/CERTIFICATE CHANGE REQUEST

Name of Owner and Mailing Address For Insurance Purposes (type or print)

Form area for owner name and address with curved lines indicating where to type.

Date

Policy Number

Name of Insured

Telephone Number of Owner

1. CHANGE NAME/ADDRESS TO

Effective Date of Name/Address Change:

Print Name

Street

City

State

Zip

Insured

Owner

Co-Owner

Payor

Reason for change (If other than marriage, divorce, or correction, affix copy of legal evidence.)

2. BENEFICIARY CHANGE

In accordance with the provisions of the above numbered policy, I hereby revoke any and all previous designations of beneficiary and do now designate the beneficiary named below. Address must be given for each beneficiary designation. Please print full name.

Primary Beneficiary

Relationship To Insured

Address

Form lines for Primary Beneficiary designation.

Contingent Beneficiary

Relationship To Insured

Address

Form lines for Contingent Beneficiary designation.

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease the insured shall be distributed equally among the surviving beneficiaries or entirely to the survivor. I understand that if two or more Primary Beneficiaries or two or more Contingent Beneficiaries are named, the words "share equally or to the survivor or survivors of them" shall be in effect as if written into the designation unless other instructions are given over my signature. I further understand that if none of the designated beneficiaries is living at the time of death of the insured, the proceeds will be payable to the Executors, Administrators, or Assigns of the insured's estate.

3. CHANGE OF RIDERS/BENEFITS*

CANCEL CHANGE

Accidental Death Waiver of Premium Other

Spouse Rider Child Rider Change Death Benefit Pattern From To

* When adding/increasing riders or changing Death Benefit Pattern to Type B, submit an application on each person covered.

4. NONFORFEITURE OPTIONS

Convert to: Reduced Paid-Up Insurance Reduced Paid-Up Insurance (keeping outstanding loan) Extended Term Insurance

5. TRANSFER OF OWNERSHIP AND CONTROL

For value received, the undersigned hereby assigns, transfers, and sets over unto _____ (New Owner),
_____ (Address),
(and New Co-Owner, if any) _____, (Address) _____,
the above numbered policy issued by Shenandoah Life Insurance Company on the life of _____ with
all rights, title, interest, and incidents of ownership therein, including the right to change or revoke any designation of contingent owner and to
exercise all other rights of absolute ownership therein without consent or joinder of the insured, beneficiary, or contingent owners, if any and
including the interest of any revocably designated beneficiary who shall die before the insured.

6. ADDITIONAL REQUEST

SIGNATURES – I/WE agree that my/our signature(s) below shall apply to each request checked.

_____ Date	_____ Policy Number
X _____ Signature of Owner	_____ Social Security Number of Owner
X _____ Signature of New Owner	_____ Social Security Number of New Owner
X _____ Signature of Co-Owner, if any	_____ Social Security Number of Co-Owner
X _____ Signature of New Co-Owner, if any	_____ Social Security Number of New Co-Owner
X _____ Signature of Witness	
X _____ Signature of Assignee, if any	
X _____ Signature of Irrevocable Beneficiary, if any	

INSTRUCTIONS

1. Date and Policy Number must be shown on both pages.
2. The block for each requested change must be checked.
3. All appropriate signatures must be affixed.

ACKNOWLEDGED SHENANDOAH LIFE INSURANCE COMPANY Date: _____
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AGENCY