



Insurance for all of us.™

Physicians Life Insurance Company
Annuity Customer Service
PO Box 2316
Omaha, NE 68172-4081
1.800.720.2891

Service Request
for Annuity Contracts

Please check the appropriate box and print the requested information for each change or service you are requesting.

Note: If the Owner is not an individual, additional documentation as to who can sign on behalf of the Owner may be required.

Owner/Annuitant Information

Owner's Name

Joint Owner's Name (If applicable)

Contract Number Phone Number ()

Fax Number () Email Address

Annuitant(s) Name (If different from Owner)

Joint Annuitant's Name (If applicable)

Name Change

Owner Annuitant

From Last First Middle To Last First Middle

Reason: Marriage Divorce Other (Attach copy of legal document)

Address Change

Owner Annuitant

Address Street Apartment Number

City State Zip County

In order to ensure appropriate tax reporting, please indicate your citizenship status:

Are you a citizen of the United States? Yes No

Date of Birth Correction

Owner Annuitant

Date of Birth Month Day Year

Date of Birth changes require appropriate documentation (Driver's License or Birth Certificate).

Social Security or Tax Identification Number Correction

Owner Annuitant

Social Security Number OR Tax Identification Number

Social Security or Tax Identification Numbers require appropriate documentation (Social Security card or legal document).

Vista Index Series Method Change

(Available 30 days prior to your contract anniversary on Vista Index Series Annuity products only – must be received in our office by your contract anniversary.)

Select one: Monthly Average Annual Point-to-Point Fixed Interest Rate

Duplicate Contract Request

I, the undersigned, certify the original contract specified on the front of this form has been lost, stolen or destroyed. Said contract has not been pledged or assigned. I am the unconditional Owner thereof, and to the best of my knowledge and belief, the original is not being held in the possession of any other person. If at any time the original contract is found, I will immediately return it to the Company.

Payee Change (Available on SPIA or annuitized contracts only.)

The contract Owner is responsible for taxes resulting from their payout regardless of the Payee designation.

Name _____

Address _____

Street

City

State

Zip

Note: For third party designations, account number is required.

Account Number _____

Signatures and Acknowledgments

To the best of my knowledge and belief, the statements and answers contained in this request are true and complete. I understand the request will not become effective until approved by the Company in accordance with the terms of the contract.

X

Owner's Signature

Date

X

Joint Owner's Signature (If applicable)

Date

X

Annuitant's Signature (If updated or different from Owner)

Date

X

Joint Annuitant's Signature (If applicable)

Date

X

Spouse's Signature (If community property state)

Date