

Leaders Life Insurance Company

MAIL TO: BAY BRIDGE ADMINISTRATORS, LLC
 P.O. BOX 161690
 AUSTIN, TEXAS 78716

POLICYHOLDER'S CHANGE AND SERVICE REQUEST

Policy/Certificate Number (use 1 form per policy)/ Social Security No.	Name of Insured (Last, First, Middle)	Agent Name and Number (Please Print)
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Take the following action(s) regarding this policy

Policy Changes, Reduction or Removals

Delete the following member from coverage:

Name _____

Reason _____

If due to death of Named Insured, please include:

Spouse Name _____

Spouse SSN _____

Spouse DOB _____

Add Newborn Child _____

Name of Newborn _____

Date of Birth of Newborn _____

If Divorced- Date of Divorce Decree _____

Change Name of

Named Insured

From _____

To _____

Reason for Change _____ (complete Change of Address Form if needed)

Note: If the reason for the change is other than marriage, a certified copy of the court order is required.

Address Change

 Name (last, First, Middle)

 Street

 City, State, Zip

Payroll Allotment Billing Changes

Case No. _____

Social Security No. _____

Named Insured Name _____

Place Policy on Direct Bill Effective: _____

ANNUAL

SEMI-ANNUAL

QUARTERLY

BANK DRAFT*

* One Month's Premium, Bank Draft Authorization and Voided Check Required

Other Instructions (Be specific)

Signature of Named Insured

Date

Agents Use Only- Leaders Life Insurance Company

Send all items to be returned to:

Agent

Named Insured

Home Office Use Only-

Date Recorded _____

By _____

To be Effective On _____