POLICYOWNER ACTION REQUEST

Return to:
PO BOX 833879
RICHARDSON TX 75083-3879

(972) 699-2770

❏ Central Security Life Insurance Company
❏ Western American Life Insurance Company
❏ _____
(Hereinafter referred to as the Company)

Please print name of insured (First, Middle, Last) _____

As owner of policy number _____ I wish to take the action checked below:

❏	**Policy loan request** ❏ Maximum cash loan or ❏ Net cash loan of $_____ In consideration of receiving the proceeds of the loan on the above-listed policy, I (we) hereby assign the policy to the company as the sole security for said loan and agree that payment of the loan and interest is governed by the provisions of the policy and that the loan may be repaid only during the continuance of the policy in force.
❏	**Annuity withdrawal of $**_____.
❏	**Change policy to** ❏ **Reduced Paid Up (RPU) or to** ❏ **Extended Term Insurance (ETI).** [Choose one only]
❏	**Other**_____.

_____ (seal)
Owner Signature

_____
Print Owner Name   Social Security Number

_____
Address   City/State/Zip

_____   _____
(Area code) phone number   Date

_____ (seal)
Joint Owner Signature *if applicable*

_____
Print Joint Owner Name *if applicable*   Social Security Number

_____
Address   City/State/Zip

_____
(Area code) phone number

Signature Must Be Notarized

Subscribed and sworn to before me this _____ day of _____, 20____

_____ (Notary Public)   Commission expires: _____

centralsecuritylife.com
westernamericanlife.com