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Kemper Life Insurance Services
12115 Lackland Road, Suite 100
St. Louis, MO 63146-4003

Please use this form with one or more of the following Kemper Life companies: United Insurance Company of America, The Reliable Life Insurance Company, Union National Life Insurance Company, or Mutual Savings Life Insurance Company, and for policies administered for Jackson National Life Insurance Company.



Please complete one C-0013 Request for Policy Change for each policy number. Forward all completed forms to Kemper Life Insurance Services. A copy of this request or a letter indicating the requested change has been recorded and will be returned to you to be attached to the policy. It is important that the Insured, Owner, and Beneficiary information provided on this form is accurate and up-to-date in order for the Company to provide the best service in the future. Failure to provide or keep this information up-to-date could negatively impact the Company's ability to provide the best service, including processing of claims.

In every case, the policy name, address, telephone and Social Security Number of the insured must be completed. Include district and agency for agent.

Signature Requirements:

- The form needs to be signed by the policyowner or in the case of a minor, the parent or legal guardian who signed the application. (Be sure to check the legal age for your state)
- If the owner or an applicant is deceased, contact the Home Office for additional requirements.
- Ownership changes must be signed by both the new and the previous owners.

Section I - Change of Beneficiary. List the beneficiary's name, the beneficiary's relationship to the insured, the beneficiary's date of birth, Social Security Number and complete mailing address. All proportions will be considered equal unless indicated otherwise as a percent or fraction of the benefit. Do not list dollar amounts. Designated percentages must total 100%. If an irrevocable beneficiary is designated (see example below), any future changes in the beneficiary designation will require written approval by the irrevocable beneficiary. If only adding or changing a contingent beneficiary, the primary beneficiary must be restated on the change form.

EXAMPLES

If you wish to designate...

Please use this language...

Single Owner

- Jane Doe, spouse (Not Mrs. John Doe)

Estate

- Executor or Administrator of the Insured's estate, or estate

Corporation

- XYZ Corporation, or its successors

Children

- Susan Smith, Harriet Doe, Mike Doe, Children

Irrevocable beneficiary

- John Jones, irrevocably designated beneficiary

Trustee under written trust

- John Jones (XYZ Bank), as trustee or his (its) Successor trustee, under an Agreement dated June 1, 2000. If naming a Trust, a copy of the Trust Agreement must be provided.

Section II - Insured Name Change. Indicate whose name is being changed, the complete new name and the reason for the name change. Supply proper documentation such as court order, etc.

Section III - Change of ownership. Both previous and new owners must sign this form to make the request valid. Include the Social Security or Tax ID number for organizations or corporations.

Section IV - Request for Lost Policy Certificate/Duplicate Policy. Indicate whether a certificate or policy is being requested.

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