

District

REQUEST FOR POLICY CHANGE OR COPY OF POLICY

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SUBMIT REQUESTS TO:

Kemper Life Insurance Services

17 LPEHUO BONDERS RD

& KHVWHUILHOG, MO 63 -

Complete for all Change

Policy Number (Required):			Birth Date	Social Security Number
Insured's Name (Last, First, M.I.):				
Current Mailing Address:			Primary Phone:	
City:	State:	ZIP:	Alternate Phone/Email:	

INSTRUCTIONS AND EXAMPLES

3OHDVH FRPSOHWH RQH & 5HTXHVV IRU 3ROLF\ &KDQJH IRU HDFK
6HUYLEFHV \$FRS\ RI WKLV UHTXHVW RU D OHWWHU LQGLFDWLQJ WKH
the policy., W LV LPSRUWDQW WKDW WKH ,QVXUHG 2ZQHU DQG %HQH¿FLDU
Company to provide the best service in the future. Failure to provide or keep this information up-to-date could negatively impact
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
for agent.

6LJQDWXUH 5HTXLUHPHQWV

- The form needs to be signed by the policyowner or in the case of a minor, the parent or legal guardian who resides in the state (Be sure to check the legal age for state)
- ,I WKH RZQHU RU DQ DSSOLFDQW LV GHFHGVHG FRQWDFW WKH +RPH
- Ownership changes must be signed by both the new and the previous owners.

6HFWLRQ , &KDQJH RI %HQH¿FLDU\ /LVW WKH EHQH¿FLDU\¶V QDPH
6HFXULW\ 1XPEHU DQG FRPSOHWH PDLQLQJ DGGUHVV \$OO SURSRUW
RI WKH EHQH¿W 'R QRW OLVW GROODU DPRXQWV 'HVLJQDWV