

# OMNI LIFE ASSOCIATES INC.

STUART NITKIN  
RICHARD I STANGEL

## POLICYOWNER SERVICE REQUEST FORM CONTACT INFORMATION

### PLEASE UPDATE

<input type="checkbox"/>	NAME OF INSURED	_____
<input type="checkbox"/>	INSURANCE COMPANY	_____
<input type="checkbox"/>	POLICY NUMBER	_____
<input type="checkbox"/>	STREET ADDRESS	_____
<input type="checkbox"/>	CITY, STATE, & ZIP CODE	_____
<input type="checkbox"/>	E-MAIL ADDRESS	_____
<input type="checkbox"/>	HOME TELEPHONE #	_____
<input type="checkbox"/>	CELL TELEPHONE #	_____
<input type="checkbox"/>	BUSINESS TELEPHONE #	_____

## POLICY CHANGE REQUEST

<input type="checkbox"/>	SEND ME FORMS TO CHANGE MY BENEFICIARY
<input type="checkbox"/>	SEND ME FORMS TO CHANGE MY BANK FOR AUTOMATIC WITHDRAWALS
<input type="checkbox"/>	SEND INFORMATION ON CONVERTING MY POLICY TO LIFETIME - WITH NO MEDICAL REQUIREMENTS

## OTHER REQUESTS

<input type="checkbox"/>	SEND ME LIFE INSURANCE QUOTES FOR THE FOLLOWING:		
<input type="checkbox"/>	10 YEARS	<input type="checkbox"/>	\$50,000.00
<input type="checkbox"/>	15 YEARS	<input type="checkbox"/>	\$100,000.00
<input type="checkbox"/>	20 YEARS	<input type="checkbox"/>	\$250,000.00
<input type="checkbox"/>	25 YEARS	<input type="checkbox"/>	\$500,000.00
<input type="checkbox"/>	30 YEARS	<input type="checkbox"/>	\$750,000.00
<input type="checkbox"/>	TO AGE 90	<input type="checkbox"/>	\$1,000,000.00
<input type="checkbox"/>	TO AGE 100	<input type="checkbox"/>	\$2,000,000.00
<input type="checkbox"/>	TO AGE 121	<input type="checkbox"/>	_____ OTHER

<input type="checkbox"/>	SEND ME INFORMATION ON CASH VALUE LIFE INSURANCE FOR THE ABOVE AMONTS
<input type="checkbox"/>	SEND ME INFORMATION ON PENSION MAXIMATION

COMMENTS