



Eagle Life Insurance Company®
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Information Update Request

Contract Number _____ Contract Owner(s) _____

NAME CHANGE*

- Annuitant
- Owner

Former Name _____ New Name _____
 Date Name Changed _____ Reason _____

NOTE: The space provided is for name corrections and updates only. This form does not change ownership or beneficiary designations.

**Proper documentation (copy of marriage certificate, drivers license, divorce decree, etc.) must accompany request for name change.*

ADDRESS CHANGE

- Annuitant
- Owner

_____ Street _____ City _____ State _____ Zip Code _____
 _____ E-mail address _____ Phone Number _____

PASSWORD ADDITION

 PASSWORD** (alpha and numeric characters only - NO symbols allowed)

***This does not change your password on the Interactive Client website. Once this password has been established, client access to information will not be allowed without password being provided. Password will remain on account unless we receive written instruction from client requesting removal.*

PLEASE SIGN & DATE BELOW

X _____
 Signature of Owner*** Phone Number _____ Date _____

X _____
 Signature of Joint Owner (if applicable) Phone Number _____ Date _____

****For corporations, an officer other than annuitant must sign and must include their title after their signature. If you are signing on behalf of the owner as a fiduciary, you must indicate the capacity in which you are signing (e.g. trustee, POA, conservator, etc.).*

ORIGINAL FORM NOT REQUIRED - FAXED COPIES ARE ACCEPTABLE