



Insured's Name <small>First Middle Last</small>	Policy Number(s)
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Owner's Home/Cell Phone () / ()	Owner's E-mail Address
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CHANGE OF NAME OR ADDRESS

(MM/DD/YYYY)

Effective Date / / Owner Insured Payor Prior Name Signature _____

Prior Name <small>First Middle Last</small>	Prior Address <small>Street Address City State Zip + 4</small>
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New Name <small>First Middle Last</small>	New Address <small>Street Address City State Zip + 4</small>
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LOANS (LIFE ONLY)

Maximum Specific amount \$ _____ Pay current premium on Policy _____

WITHDRAWALS (LIFE ONLY, complete sections 1 and 2)

Accumulated dividends Cash value of paid-up insurance Premium deposit fund UL partial surrender

1. Maximum Specific amount \$ _____

2. Paid in cash Pay current premium on Policy _____ Loan payment on Policy _____

Pay current and all future premiums on Policy _____ Buy paid-up additions *(may require evidence of insurability)*

REDUCTION OR REMOVAL OF BENEFITS

Monthly Benefit Amount—Decrease the monthly benefit amount from \$ _____ to \$ _____

Elimination Period—Change elimination period from _____ days to _____ days

Benefit Period—Change benefit period from _____ to _____

Dependent—Remove the following dependent from plan *(name as it appears on application)* _____

Riders—Decrease rider _____ from \$ _____ to \$ _____

Remove rider(s) _____ from plan

PREMIUMS

Change my premium payment to: Annual Semi-annual Quarterly Monthly *(not available for direct billing, contact us for the appropriate form)*

Universal Life only *(specify amount)* \$ _____

SURRENDER

Surrender Policy *(attach policy)* Policy is lost Tax withholding No Yes \$ _____ or _____ %

Owner's Social Security / Tax ID No. _____ *(Please note certification above signature line.)*

OTHER REQUESTS

Change life Policy to reduced paid-up Change life Policy to extended term

Request benefit summary *(in lieu of duplicate policy)* Request duplicate Policy *(may require a fee)*

Miscellaneous _____

Substitute Form W-9 information (Request for Taxpayer Identification Number and Certification): I, the Owner *(or each Joint Owner)*, certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person *(including a U.S. resident alien)*. The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

 Date (MM/DD/YYYY)

 Signature of Owner

 Signature of Agent *(if witnessed)*

 Signature of

