

**COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE: BINGHAMTON, NY**

Administrative Service Offices:

PO Box 1381 • Binghamton, NY 13902-1381 • (800) 423-9765 • FAX (866) 253-9459

PO Box 1056 • Syracuse, NY 13201-1056 • (800) 347-0960 • FAX (315) 475-6612

**ADMINISTRATIVE POLICY CHANGE FORM**

**COMPLETE THIS SECTION FOR ALL REQUESTS**

**Insured/Annuitant:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Owner's Address** (if different than insured): \_\_\_\_\_

**Daytime Phone #:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Family Group #:** \_\_\_\_\_

**ALPHABETIC INDEX**

REQUEST	PAGE #'S	SECTION(S)	REQUEST	PAGE #'S	SECTION(S)
ADDRESS CHANGE	1 & 4	1 & 17	NON-FORFEITURE OPTION CHANGE	2 & 4	9 & 17
AUTOMATIC PREMIUM LOAN	2 & 4	10 & 17	NON-FORFEITURE PROVISION	2 & 4	8 & 17
BENEFICIARY CHANGE	3 & 4	14 & 17	OWNERSHIP CHANGE	4	15, 16 & 17
CASH SURRENDER	1 & 4	2, 16, & 17	PARTIAL SURRENDER/WITHDRAWAL	1 & 4	3, 16 & 17
DIVIDEND OPTION CHANGE	2 & 4	5, 16 & 17	POLICY LOAN	2 & 4	4 & 17
DIVIDEND WITHDRAWAL	2 & 4	6 & 17	PREMIUM CHANGE	2 & 4	7 & 17
DUPLICATE CERTIFICATE	2 & 4	11 & 17	RELEASE ASSIGNMENT	3 & 4	13 & 17
MODE CHANGE	2 & 4	7 & 17	SIGNATURES	4	17
NAME CHANGE	3 & 4	12 & 17	TAXPAYER IDENTIFICATION NUMBER	4	16

1.  **ADDRESS CHANGE:**     Insured/Annuitant     Policyowner     Payer     Assignee     Beneficiary

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Change address on these policies as well: \_\_\_\_\_  
(List All Policy Numbers)

2.  **CASH SURRENDER (FULL TERMINATION OF CONTRACT):**    **Section 16 Must Also Be Completed**

The cash surrender value is hereby requested and will be accepted in full payment of and release of all claims under the policy. The surrender will be effective in accordance with the policy provisions.

3.  **PARTIAL SURRENDER/WITHDRAWAL (UNIVERSAL LIFE AND ANNUITIES ONLY):**    **Section 16 Must Also Be Completed**

**FROM:**     Universal Life (May be subject to surrender charges and will reduce the death benefit of the policy)

Annuity (May be subject to surrender charges)

**AMOUNT:**     \$ \_\_\_\_\_     Maximum amount not subject to surrender charge

4.  **POLICY LOAN:**  \$ \_\_\_\_\_  Maximum amount available  
 (Write in amount - Maximum will be processed if it is less than what is being requested)

**DISTRIBUTION:**  Check  Pay the loan or premium(s) due on policy # \_\_\_\_\_  
 Total number of premiums to pay = \_\_\_\_\_

**LOAN AGREEMENT:** In consideration of the advance by the Company as a loan, all right and interest in the policy is assigned to the Company as sole security for the repayment of the loan with interest, subject to the provisions of the policy.

---

5.  **DIVIDEND OPTION CHANGE: Section 16 Must Also Be Completed If Change Is To "Accumulate At Interest"**

Paid in Cash  Reduce Premium  Accumulate at Interest  
 Paid-Up Additions  Purchase Additional Permanent Insurance – Internal (For use with PUL products only)

---

6.  **DIVIDEND WITHDRAWAL:**

**FROM:**  Accumulations  Paid-Up Additions cash value  
**AMOUNT:**  Full amount  \$ \_\_\_\_\_ or full amount available (if less)  
**DISTRIBUTION:**  Check  Pay the loan or premium(s) on policy # \_\_\_\_\_  
 Total number of premiums to pay = \_\_\_\_\_

---

7.  **MODE CHANGE:**

Effective with the next premium due or the next anniversary, I request to change my mode of payment to:  
 Annual  Semi-Annual  Quarterly  Monthly (if available)  Check-O-Matic/EFT (attach form 1552CFG)

**PREMIUM CHANGE (Universal Life and Annuity contracts only):**

Effective with the next premium due, I request to change the billed amount to: \$ \_\_\_\_\_

---

8.  **ENDORSE POLICY IN ACCORDANCE WITH NON-FORFEITURE PROVISIONS:**

Effective with the current premium due, if available, I request that the status of my policy be changed to:  
 Reduced Paid-Up Insurance  Extended Term Insurance

---

9.  **NON-FORFEITURE OPTION CHANGE:**

I request the following non-forfeiture option, if available, to apply in accordance with the policy provisions.  
 Reduced Paid-Up Insurance  Extended Term Insurance

---

10.  **AUTOMATIC PAYMENT OF PREMIUM BY LOAN OPTION:**

Add option to policy, if available  Remove option from policy

---

11.  **DUPLICATE CERTIFICATE:**

I have lost my policy and request that a duplicate certificate be issued to me.

12.  **NAME CHANGE:**  Insured/Annuitant  Policyowner  Payer  Assignee  Beneficiary

Print new name (in full): \_\_\_\_\_

Reason for change:  Marriage  Divorce  Court Order  Other \_\_\_\_\_

**Submit proof such as: driver's license, marriage license, court order, etc.** (List Reason)

13.  **RELEASE OF ASSIGNMENT:**

For value received, \_\_\_\_\_  
(the assignee)

releases all right, title, and interest in the policy from the assignment dated \_\_\_\_\_

14.  **BENEFICIARY CHANGE:**  Basic Policy  \_\_\_\_\_ **Rider Benefit**

**IMPORTANT:** Separate forms are required for different designations to both benefits

**Instructions:** If a separate page is used for your beneficiary designation, it must contain the policy number, the insured's name, the complete designation information (including names, addresses, relationships, and percentages where applicable), and be signed by the policyowner, the owner's spouse (if community property state), the irrevocable beneficiary (if one currently exists on the policy) and be witnessed by someone other than the insured, policyowner, or beneficiary.

Any previous beneficiary designation and or optional mode of settlement with respect to any death benefit proceeds payable at the death of the Insured is revoked. Any such proceeds shall now be paid in one sum as follows:

Note: If no percentage is given, proceeds will be paid in equal shares to primary beneficiaries who survive the insured and if no primary beneficiaries survive the insured, proceeds will be paid in equal shares to contingent beneficiaries who survive.

**PRIMARY BENEFICIARIES:**

**RELATIONSHIP  
TO INSURED:**

**PERCENTAGE:**  
(Primary designation  
must total 100%)

Full Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**CONTINGENT BENEFICIARIES:**

**RELATIONSHIP  
TO INSURED:**

**PERCENTAGE:**  
(Contingent designation  
must total 100%)

Full Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

15.  OWNER CHANGE:  FOR GIFT  FOR VALUE Section 16 Must Also Be Completed & Signed By New Owner

Transfer Ownership To:  Individual  Qualified Plan  Corporation  Trust (Include Trustee Names & Date of Trust)

Full Name Of New Owner: \_\_\_\_\_

Complete Address: \_\_\_\_\_

**Contingent Owner:**

Full Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

**Payer Change:**

Send Premium Notices To:  Insured/Annuitant  Policyowner  Other (Give Full Name & Address Below):

Full Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

16.  TAXPAYER IDENTIFICATION NUMBER CERTIFICATION: Sign Request In This Section And Section 17

FAILURE TO COMPLETE THIS SECTION MAY RESULT IN MANDATORY 24% BACKUP WITHHOLDING WHERE REQUIRED BY THE IRS.

Withholding Election:  I do not want to have Federal or State income tax withheld.

I want to have Federal or State income tax withheld.

Federal Withholding:  \_\_\_\_\_ % or  \$ \_\_\_\_\_

State Withholding:  \_\_\_\_\_ % or  \$ \_\_\_\_\_

**Taxpayer  
Identification  
Number:**

For individuals, this is your social security number (SSN).  
For other entities, this is your employer identification number (EIN).

**Certification Instructions:** You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

**Certification:** Under penalties of perjury, I certify that: **(1)** The number shown is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **(2)** I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding; **and (3)** I am a U.S. person (including a U.S. resident alien).

Policyowner's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

17.  SIGNATURES:

**Instructions For All Requests:**

1. Policyowner must sign and date this form.
2. Insured must sign this form if the change to section 14 is for a rider.
3. All irrevocable beneficiaries and collateral assignees must sign this form.
4. Signatures **must** be witnessed. Witness **cannot** be the policyowner, policyowner's spouse, insured, assignee or beneficiary.
5. Transactions resulting in a payment will have the check addressed to the owner and the owner's address.

Signed At (City & State): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Present Owner

\_\_\_\_\_  
Signature of Assignee

\_\_\_\_\_  
Signature of Insured (if other than Present Owner)

\_\_\_\_\_  
Signature of Irrevocable Beneficiary

\_\_\_\_\_  
Signature of Witness (**See Instruction #4**) or Notary (**if required**)