

## POLICY CHANGE FORM

**COMPLETE THIS SECTION FOR ALL REQUESTS**

**Insured/Annuitant:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Owner's Address** (if different than Insured): \_\_\_\_\_  
**Daytime Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ **Family Group Number:** \_\_\_\_\_

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**1**  **AUTOMATIC PAYMENT OF PREMIUM BY LOAN OPTION:**

Add option to policy, if available
  Remove option from policy

**2**  **DIVIDEND OPTION CHANGE: Section 9 must also be completed if change is to "Accumulate at Interest."**

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

**3**  **DUPLICATE CERTIFICATE:**

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

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**4  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**

**5  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**

**6  MODE CHANGE:**

Effective with the next premium due or the next anniversary, I request to change my mode of payment to:  
(Select one of the following below)

**Annual**  **Semi-Annual**  **Quarterly**  **Monthly** (if available)  **Check-O-Matic/EFT**

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

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

**8  RELEASE OF ASSIGNMENT:**

For value received,

\_\_\_\_\_  
(the assignee)

Releases all right, title and interest in the policy from the assigned dated \_\_\_\_\_

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**9  TAXPAYER IDENTIFICATION NUMBER CERTIFICATION**

Sign request in this section and section 10.

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 **DO** 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**10  SIGNATURE INSTRUCTIONS:**

1. Policy owner must sign and date this form.
2. Policy owner spouse must sign if Application State was AZ, CA, ID, LA, NV, NM, TX, WA or WI.
3. All irrevocable beneficiaries and collateral assignees must sign this form.
4. Signatures must be witnessed. Witness cannot be the policy owner, policy owner's spouse, insured, assignee or beneficiary.

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 Spouse (See Instruction #2)

\_\_\_\_\_  
Witness or Notary Signature