

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

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

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:** _____

ALPHABETICAL INDEX

REQUEST	PAGE #'S	SECTION(S)	REQUEST	PAGE #'S	SECTION(S)
AUTOMATIC PREMIUM LOAN	1 & 3	1 & 10	NON-FORFEITURE PROVISION	2 & 3	4 & 10
DIVIDEND OPTION CHANGE	1 & 3	2, 9 & 10	MODE CHANGE	2 & 3	6 & 10
DUPLICATE CERTIFICATE	1 & 3	3 & 10	PREMIUM CHANGE (UL & Annuity only)	2 & 3	7 & 10
NFO CHANGE	2 & 3	5 & 10	RELEASE OF ASSIGNMENT	2 & 3	8 & 10

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.

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

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

POLICY CHANGE FORM

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 _____

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

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

POLICY CHANGE FORM

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