

◆ CHANGE OF DIVIDEND

- 1) Paid by Check 2) Reduce Premium 3) Purchase Paid-Up Additions
- 4) Accumulate at Interest 5) Purchase One Year Term 6) Reduce Policy Loan
(not available on term policies)

If changing from 4 to 3, will accumulated dividends be used to purchase paid-up additions?

- Yes No

If "No", accumulations will be left as a secondary dividend option to accumulate at interest

If you wish to withdraw accumulations, complete Surrender of Dividend section.

◆ DECREASE AMOUNT OF INSURANCE

New Amount \$ _____

Effective Date: _____
Home Office Use Only

◆ MODE CHANGE

- Annual Semi-Annual Quarterly Monthly Effective Date: _____

Home Office Use Only

◆ PAID- UP INSURANCE

Are dividend accumulations or paid-up additions being used to purchase a paid-up policy?

- Yes No

Effective Date: _____

If "Yes", Enter Amount \$ _____

Home Office Use Only

◆ POLICY LOAN

I hereby apply for a loan on my policy in accordance with the policy's loan provision.

Amount \$ _____

New Loan Balance \$ _____
Home Office Use Only

◆ SURRENDER OF DIVIDEND

Surrender Accumulations Having a value of \$ _____

Dividends to be:

Surrender Additions Having a value of \$ _____

Paid to me by check

Used to pay premium

Withdraw dividend to pay premium EACH YEAR.

Used to reduce policy loan

Used to pay loan interest

◆ SURRENDER OF POLICY

Important Note: Policy must accompany request

I hereby request surrender of policy

Effective Date: _____
Home Office Use Only

◆ Miscellaneous (Use this space for other changes and service requests)

◆ DISCLOSURE AND SIGNATURES

I have reviewed the completed information and it correctly reflects my intended changes. I also certify that, under penalty of perjury, the Social Security Number shown below is my correct number. Any change indicated above will become effective on the date this form is signed, provided this form has been properly executed upon receipt.

Social Security Number: _____

X _____

Signature of Current Owner

X _____

*Signature of Other Authorized Individual

Date

As*: New Owner Power of Attorney** Conservator** Assignee Irrevocable Beneficiary

** Certified Copy of Appointment is Required.

NAME OF AGENCY

INTERNAL USE ONLY

PRODUCER #

BRANCH #
