

# POLICY CHANGE REQUEST FORM

♦ **GENERAL INFORMATION** (Please Print)

Name of Insured: _____	Policy Number: _____
Name of Owner: _____	Phone Number: _____

♦ **CHANGE OF BENEFICIARY** (If additional space is needed, please attach separate sheet)

Please complete all Beneficiary(ies) information listed below: *Please note: All Beneficiaries in one class will share equally, unless otherwise stated.*

Name: _____	Address: _____	
Relationship to Insured: _____	Date of Birth: _____	Social Security No.: _____
Beneficiary Class:(Check One)	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary _____ Split Percentage

Name: _____	Address: _____	
Relationship to Insured: _____	Date of Birth: _____	Social Security No.: _____
Beneficiary Class:(Check One)	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary _____ Split Percentage

Name: _____	Address: _____	
Relationship to Insured: _____	Date of Birth: _____	Social Security No.: _____
Beneficiary Class:(Check One)	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary _____ Split Percentage

**IMPORTANT NOTE: The above Beneficiary designation replaces all previous designations made under the above policy.**

♦ **CHANGE OF ADDRESS**

Street Address _____	P.O. Box (if applicable) _____
City _____	State _____ Zip _____ Effective Date _____

♦ **TRANSFER OF OWNERSHIP**

List new owner below:

Name: _____	Address: _____
Relationship to Insured: _____	Date of Birth: _____ Social Security No.: _____

♦ **CHANGE OF NAME**

Change the name of:  Insured  Owner  Other (specify) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason:  Marriage  Divorce  Court Order  Other (specify) \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Former Name Present Name

1) For all name changes, other than by marriage or divorce, attach a certified copy of the legal document (such as court order, adoption papers). Change cannot be processed without such proof.  
 2) If name is that of a corporation, submit certified resolution of the board of directors authorizing name change, and copy of document indicating change officially recorded with state of incorporation.

◆ 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 #

\_\_\_\_\_