

## POLICYOWNER REQUEST FORM

The following changes are to be made to Policy # \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Owner: \_\_\_\_\_

**Check Appropriate Box**

Print All Information

1. <input type="checkbox"/> Name	Change Name of <input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Payor Former Name: _____ Present Name: _____ <i>If reason other than correction, marriage, or divorce, attach copy of legal papers.</i>						
2. <input type="checkbox"/> Address	Change Address of <input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Payor New Address: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>City</span> <span>State</span> <span>Zip</span> </div>						
3. <input type="checkbox"/> Ownership	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">                             Change ownership of policy as indicated. New Owner's:                              Name: _____                              Signature: _____                              Relationship to Insured: _____                              Social Security Number: _____                              Address: _____                              Telephone Number: _____                         </td> <td style="width: 40%; padding: 5px; vertical-align: top;">                             Contingent Owner: (If primary is deceased)                              _____                              _____                              _____                         </td> </tr> </table> <i>I understand that all benefits, rights, and privileges shall be vested to the new owner.</i>	Change ownership of policy as indicated. New Owner's: Name: _____ Signature: _____ Relationship to Insured: _____ Social Security Number: _____ Address: _____ Telephone Number: _____	Contingent Owner: (If primary is deceased) _____ _____ _____				
Change ownership of policy as indicated. New Owner's: Name: _____ Signature: _____ Relationship to Insured: _____ Social Security Number: _____ Address: _____ Telephone Number: _____	Contingent Owner: (If primary is deceased) _____ _____ _____						
4. <input type="checkbox"/> Beneficiary	Please change the beneficiary designation to: (attach additional sheet if necessary) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Primary Beneficiary (ies) Name: _____</td> <td style="width: 30%; padding: 5px;">Social Security Number _____</td> <td style="width: 30%; padding: 5px;">Relationship _____</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Address: _____</td> </tr> </table> Contingent Beneficiary (ies) (If primary beneficiary is deceased) Name: _____ Social Security Number _____ Relationship: _____ <i>Two or more beneficiaries will share equally unless otherwise indicated.</i>	Primary Beneficiary (ies) Name: _____	Social Security Number _____	Relationship _____	Address: _____		
Primary Beneficiary (ies) Name: _____	Social Security Number _____	Relationship _____					
Address: _____							
5. <input type="checkbox"/> Request Duplicate Policy	I hereby request the issuance of a duplicate policy and agree that the duplicate policy shall create no liability on the part of the company other than that set out in the original policy. If at any time the original policy is found, such duplicate policy will be null and void. I hereby certify that the policy has been lost or destroyed and I have no knowledge of its whereabouts, and that said policy is not assigned, hypothecated, or pledged.						

Please comply with my request(s) marked above. I revoke any prior election or designations. I certify that no proceedings in bankruptcy are pending.

Signature of Owner	Signature of Witness
Owner's Social Security Number	Date
Owner's Telephone Number	Signature of Irrevocable Beneficiary/Co-Owner (if any)

*Other requests are listed on reverse*

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6. <input type="checkbox"/> Cash Surrender	Please Cash Surrender this Policy Effective Immediately, or on _____, but no earlier than the date such request is received by the administrative office. (Attach Original Policy) <b>IF POLICY IS LOST, "X" BOX 11</b>
7. <input type="checkbox"/> Non-Forfeiture	<input type="checkbox"/> Partial Surrender / Partial Withdrawal for \$ _____ <input type="checkbox"/> Partial Surrender / Partial Withdrawal for Maximum Amount Available <i>Note: A fee of \$25.00 will be deducted from each partial surrender/partial withdrawal amount. The face amount of your policy may be reduced according to policy terms.</i> <input type="checkbox"/> Reduced Paid-Up Insurance <input type="checkbox"/> Reduce Face Amount of Policy to \$ _____
8. <input type="checkbox"/> Policy Loan	Make a Policy Loan for: <input type="checkbox"/> Maximum Amount Available <input type="checkbox"/> For \$ _____ or the full amount available, if it is less than this. <input type="checkbox"/> To Pay Premium: From _____ To _____
9. <input type="checkbox"/> Dividend	<input type="checkbox"/> Withdraw \$ _____ <input type="checkbox"/> Leave to accumulate at interest <input type="checkbox"/> Reduce Premium <input type="checkbox"/> Withdraw Full Deposit
10. <input type="checkbox"/> Check Address	Address to where check is to be sent: _____ _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>City</span> <span>State</span> <span>Zip</span> </div>
11. <input type="checkbox"/> Lost Policy Affidavit	I hereby certify that the above referenced policy has been lost or destroyed and I have no knowledge of its whereabouts, and that said policy is not assigned, hypothecated, or pledged.
12. <input type="checkbox"/> Tax Withholding <b>IMPORTANT:</b>	<input type="checkbox"/> I elect NOT to have federal or state income tax withheld from my distribution. <input type="checkbox"/> I want federal and/or state income tax withheld if applicable from my distribution. <b>IF NO CHOICE IS MADE, TAXES WILL AUTOMATICALLY BE WITHHELD.</b>

Please comply with my request(s) marked above. I revoke any prior election or designations. I certify that no proceedings in bankruptcy are pending and under penalty of perjury that the social security number and/or tax identification number is my correct tax payer number, and I am not subject to back up withholding because: (a) I am exempt from backup withhold, or (b) I have not been notified by the Internal Revenue Service that I am subject to back up 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.

Signature of Owner	Signature of Witness
Owner's Social Security Number/Federal Tax ID Number	Date
Owner's Telephone Number	Signature of Irrevocable Beneficiary/Co-Owner (if any)

*Other requests are listed on reverse*