



Insured's Name <small>First, Middle, Last</small> _____	Policy Number(s) _____
Owner's Home/Cell Phone (    )    / (    )    _____	Owner's E-mail Address _____

**CHANGE OF NAME OR ADDRESS**

<input type="checkbox"/> Owner <input type="checkbox"/> Insured <input type="checkbox"/> Payor	Effective Date (MM/DD/YYYY)    ____ / ____ / ____
Prior Name <small>First, Middle, Last</small> _____	Prior Address <small>Street Address    City    State    Zip + 4</small> _____
New Name <small>First, Middle, Last</small> _____	New Address <small>Street Address    City    State    Zip + 4</small> _____

**LOANS (LIFE ONLY)**

Maximum     Specific Amount \$ \_\_\_\_\_     Pay current premium on Policy \_\_\_\_\_

**WITHDRAWALS (LIFE ONLY, complete sections 1 and 2)**

Accumulated Dividends     Cash Value of Paid-Up Insurance     Premium Deposit Fund     UL Partial Surrender

1.  Maximum     Specific Amount \$ \_\_\_\_\_

2.  Send Check     Pay current premium on Policy \_\_\_\_\_     Loan Payment on Policy \_\_\_\_\_

Buy paid-up additions (may require evidence of insurability)

**WITHDRAWALS (ANNUITY ONLY)**

Specific Amount \$ \_\_\_\_\_    Owner's Soc. Security/Tax ID No. \_\_\_\_\_ (Note certification above signature line.)

Tax Withholding:  Yes     No    If Yes, Federal: \$ \_\_\_\_\_ or \_\_\_\_\_ %    State: \$ \_\_\_\_\_ or \_\_\_\_\_ %

**ANNUAL DIVIDEND OPTION CHANGE (LIFE ONLY)**

Paid in Cash     Accumulate at Interest     Purchase Paid-up Additional Insurance     Apply to Policy Loan

Reduce Premium – Balance of dividends (if any) to:  Accumulate at Interest     Purchase Paid-up Additional Insurance     Paid in Cash

**Note:** The reduce premium option is only available for policies on direct billing.

**PREMIUMS**

Change my premium payment to:  Annual     Semiannual     Quarterly     Monthly (may not be available for direct billing, contact us for appropriate form)

Premium Offset – use current and future dividends to pay premiums    Universal Life Only (specify amount) \$ \_\_\_\_\_

**SURRENDER**

Surrender Policy (attach policy)     Policy is Lost    Owner's Soc. Security/Tax ID No. \_\_\_\_\_ (Note certification above signature line.)

Tax Withholding:  Yes     No    If Yes, Federal: \$ \_\_\_\_\_ or \_\_\_\_\_ %    State: \$ \_\_\_\_\_ or \_\_\_\_\_ %

**OTHER REQUESTS**

Change Life Policy to Reduced Paid-Up     Change Life Policy to Extended Term

Request Benefit Summary (in lieu of duplicate policy)     Request Duplicate Policy (may require a fee)

**MISCELLANEOUS**

**Substitute Form W-9 information (Request for Taxpayer Identification Number and Certification):** I, the Owner (or each Joint Owner), certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

\_\_\_\_\_  
 Date (MM/DD/YYYY)

\_\_\_\_\_  
 Signature of Owner

\_\_\_\_\_  
 Signature of Agent (if witnessed)

\_\_\_\_\_  
 Signature of Joint Owner

