

**REQUEST
FOR SERVICE**



8. CHANGE NON-PAYMENT OF PREMIUM OPTION :
If I stop paying premiums when due after a cash value is first available, I elect the following option.
 Check One: Automatic Premium Loan (APL) *Graded Death Benefit Whole Life only*
 Reduced Paid Up Insurance (RPU) *Graded Death Benefit Whole Life only*
 Paid Up Term Insurance (PUT) *LifeTime Benefit Term only*

9. PREMIUM/BILLING CHANGES to billing method or premium amount:
If selecting pre-authorized checking, complete the authorization in Section 10 and attach a voided check.
 New Premium Mode: Pre-authorized deductions from checking Direct Bill
 New Premium Frequency: Quarterly Semi-annually Annually

10. AUTHORIZATION FOR DEDUCTIONS FROM CHECKING:
Complete and sign this section only if you selected pre-authorized deductions from your checking account.
 I hereby authorize Combined Life Insurance Company to initiate premium deductions from my checking account. My bank is authorized to honor these drafts as if each were signed by me. This authorization shall remain in effect until revoked by me in writing and until my bank shall have received such notice. I agree that my bank shall be fully protected in honoring such draft. In order to stop payment I must notify my bank in writing at least three (3) business days prior to the scheduled payment date. I agree that if any such check be dishonored whether with or without cause, my bank shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Name of Bank	Account Number	Draft Day
Bank Address	Signature of Depositor	Date
City, State, Zip Code	Attached "VOID" Sample Check	Combine with Certificate #

11. OTHER CHANGES/COMMENTS:
Complete this section to indicate any other contractual changes not covered elsewhere in this form except:

- to change a Beneficiary or Assignee, use the beneficiary and assignment forms, or
- to transfer Certificate Holdership, use the Certificate Holdership change request.

SIGNATURES
Please refer to the signature instructions below.

I understand and agree that the above change(s) shall be subject to all terms and conditions of the Contract. The current Certificate Holder must sign for any change.

X _____ <i>Certificate Holder</i> _____ <i>Date</i>	X _____ <i>Irrevocable Beneficiary/Assignee's Representative Signature</i> _____ <i>Date</i>
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Spousal Consent for Community Property States: If the Certificate Holder is a resident of AZ, CA, ID, LA, NV, NM, TX, WA, or WI, spousal consent is required unless the participant has no legal spouse. Please note, that without the spousal signature (if applicable), we will not be able to process the request.

_____ <i>Spousal Signature</i>	_____ <i>Date</i>
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Certificate Holder has no legal spouse.

Signature Requirements

The Certificate Holder's signature is required for all contractual changes. The Insured's signature is required on an application for increased coverage or change in Tobacco/Nicotine status if he or she is other than the Certificate Holder and is not a minor. An irrevocable beneficiary's signature and assignee's signature are required for items 4 through 7. Always provide the date you signed the form.