

Contract Change Request Form

General Information *To avoid processing delay, type or print clearly.*

Policy/Certificate No.: _____ Issued by (the Company): _____

Insured's Name: _____

Owner's Name: _____ Social Security No./ Taxpayer ID#: _____

Owner's Street Address: _____

City, State, ZIP: _____

Daytime Phone No.: _____ E-mail Address: _____

If this is a new address, please check.

Amount of Insurance

Reduce the face amount to \$ _____ effective _____

(Note: If the amount or number of units of any Additional Benefit, other than Waiver of Premium, must be reduced due to the reduction in face amount, the following section requesting the reduction in the Additional Benefit must be completed.)

Additional Benefits

An Additional Benefit can be terminated or reduced only on a premium due date.

When a Term Insurance Agreement is to be terminated or reduced, always show the name of the specified term agreement.

Terminate Accidental Death Benefit \$ _____ Waiver of Premium Disability

Reduce amount or number of units shown: Term Insurance Agreement units of _____ Guaranteed Insurability Agreement \$ _____

_____ Units of Family Security Agreement _____ Units of CIR

Paid Up Insurance

In accordance with the Paid Up Insurance non-forfeiture provision, I elect Paid Up Insurance in the amount of \$ _____ effective _____ payable at the same time and on the same conditions described in the policy except any amount so payable shall be paid in one sum. If the policy contains any additional benefits, such benefits are terminated with the Paid Up Insurance.

Automatic Premium Loan Provision

I request the Automatic Premium Loan provision to be operative in the event a premium remains unpaid at the end of its grace period.

I revoke the previous request for the Automatic Premium Loan provision.

Taxpayer Identification Number and Certification - Substitute W-9

This section must be completed

I certify that:

- The number shown below is my correct taxpayer identification number

Social Security Number _____

Taxpayer Identification Number _____

- I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service that I am subject as a result of a failure to report all taxable income, including all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. *(You must cross out this item if you have failed to report all interest and dividends on your tax report.)*
- I am a U.S. person (including a U.S. resident alien).

This is a requirement under the Internal Revenue Code. Signature required below.

Signature Requirements

Owner	Signature(s) Required
Individual(s)	Policy Owner(s)
Corporation, Bank or Financial Institution	One officer signature with title, and a corporate resolution which names all officers authorized to sign on behalf of the corporation; or two officer signatures, with title, without corporate resolution.
Conservator	Letter of Conservatorship is needed along with court order designating conservator or guardian.
POA	Signature of attorney-in-fact showing title as AIF or POA. We require a copy of the POA document to be on file. If dated more than 3 years, we require an affidavit to accompany the request.
Trust	All Trustee(s) as authorized by the required trust documentation. We require the title pages (which indicate the full name of the trust with the date of the trust along with the trustee names) and signatory pages of trust.
Partnership or LLC	We require one general/managing partner signature and a copy of the Partnership agreement for Partnerships OR one managing member's signature with a copy of the operating agreement for LLC's.
Custodian/Minor	We require court order - "Letter of Guardianship" or UGMA or UTMA paperwork.
Signed by "X"	If signor is unable to sign and must sign with an "X" we require signature be notarized.
Stamped signatures	We will not knowingly accept a stamped signature.
All other interested parties	Contact customer service to verify signature(s) required.

Authorization and Signatures

You certify that you are legally competent to make this agreement, that the policy/certificate is not now assigned to anyone person other than the undersigned, and that no proceedings in bankruptcy or insolvency involving any of the undersigned are now pending.

By signing below, you certify that the information provided is complete and accurate as shown.

Signature of Owner or Officer with Title
(If assignment, then assignee signature)

Date *(Required)*

Name *(Print or Type)*

Title *(Required for Corporation or Trust)*

Signature of Owner (Joint Owners) or Officer with Title

Date *(Required)*

Name *(Print or Type)*

Title *(Required for Corporation or Trust)*