

INSURANCE OPERATIONS

411 W CHAPEL HILL STREET
DURHAM, NC 27701-3616
1.800.626.1899

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM IS PROVIDED BY THE APPLICANT.

Named Insured: _____ Policy Number(s): _____

1. NAME CHANGE: Insured Owner **NOTE: If other than marriage/divorce a copy of the court decree is required.**

From:

Please print

To:

Please print

2. CHANGE OF BENEFICIARY: *Please Print*

Primary:

Irrevocable

Relationship:

Address:

Social Security Number:

Contingent:

Irrevocable

Relationship:

Address:

Social Security Number:

NOTE: The spouse's signature is required in community property states (AZ, CA, ID, LA, NV, NM, TX, WI and WA) if the beneficiary change is from your souse to another party.

Unless otherwise specified, the proceeds of the policy will be paid in equal shares to the living beneficiaries. If all beneficiaries are deceased, the proceeds will be paid to the estate of the insured.

3. CHANGE OF OWNERSHIP: *Please Print*

Change of owner from the undersigned to:

Name:

Social Security Number:

Address:

Relationship:

Street

City

State

Zip

4. POLICY LOAN AGREEMENT: *I request a loan be made on the above referenced policy number subject to the provisions in the policy contract. I understand I am required to pay back this loan with interest. Any balance due will be deducted from proceeds of the policy.*

Initials

Date

Maximum amount available

\$ _____ or the full amount available, if less.

Loan to pay premium(s) up to (indicate premium due date) _____

5. AUTOMATIC PREMIUM LOAN AGREEMENT: *In the event I am unable to pay my premiums, the automatic premium loan agreement will make my premium payments and the total amount paid under this provision will revert to a policy loan. I am required to pay back this loan with interest. Any balance due will be deducted from proceeds of the policy.*

Initials

Date

DELETE AUTOMATIC PREMIUM LOAN AGREEMENT

6. SURRENDER OF POLICY: Please return original policy with this request. For the surrender value, the undersigned policyowner surrenders the policy and requests a check for the proceeds.

7. SURRENDER OF DIVIDEND ACCUMULATIONS OR PAID UP ADDITIONS:

Maximum amount available

Other: _____

\$ _____ or the full amount available, if less.

8. ELECTION OF NONFORFEITURE OPTION: Change policy to

Reduced Paid Up

Extended Term

