

INSURANCE OPERATIONS

P. O. Box 281709
NASHVILLE, TN 37228
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.

Policy Number: _____
Insured Name: _____
Owner Name: _____

1. NAME CHANGE:

Insured Owner

From (please print): _____ **To** (please print): _____

NOTE: If other than marriage or divorce a copy of the court decree is required.

2. *CHANGE OF BENEFICIARY: (please print)

Primary: _____ **Contingent:** _____
Address: _____ **Address:** _____
City: _____ **State** _____ **Zip** _____ **City:** _____ **State** _____ **Zip** _____
Social Security Number: _____ **Social Security Number:** _____
Date of Birth: _____ **Date of Birth:** _____
Relationship: _____ **Relationship:** _____

NOTE: Your spouse's signature is required in AZ, CA, ID, LA, NV, NM, TX, WI and WA if the beneficiary is changed to someone other than your spouse. Unless otherwise stated, the policy's proceeds will be paid in equal shares to the living beneficiaries. If all beneficiaries are deceased, the proceeds will be paid to the Insured's estate.

3. *CHANGE OF OWNERSHIP: (please print) Change the owner of the policy to:

Primary: _____ **Contingent:** _____
Address: _____ **Address:** _____
City: _____ **State** _____ **Zip** _____ **City:** _____ **State** _____ **Zip** _____
Social Security Number: _____ **Social Security Number:** _____
Date of Birth: _____ **Date of Birth:** _____
Relationship: _____ **Relationship:** _____

4. *POLICY LOAN AGREEMENT:

I request a loan be made on the above referenced policy number subject to the policy's provisions. I understand I am required to repay this loan, with interest. I also understand that any loan balance will be deducted from the policy proceeds.

Initials: _____ **Date:** _____

- Maximum amount available.
- \$ _____ or the full amount, if less.
- Loan to pay premium(s) up to (indicate premium due date) _____

5. *AUTOMATIC PREMIUM LOAN AGREEMENT:

If I am unable to pay my premiums, I request that premiums automatically be paid by policy loan. I understand that I am required to repay this loan, with interest. I also understand that any loan balance will be deducted from the policy proceeds.

DELETE AUTOMATIC PREMIUM LOAN AGREEMENT

6. *SURRENDER OF POLICY: Please return the original policy with this request.

I am surrendering my policy and request a check for the proceeds.

7. **SURRENDER OF DIVIDEND ACCUMULATIONS OR PAID UP ADDITIONS:**
I am surrendering my dividend accumulations or paid-up additions as indicated below.

Initials: _____ Date: _____

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

8. **ELECTION OF NONFORFEITURE OPTION:**
Change option to: Reduced Paid Up Extended Term Insurance

9. ***CHANGE OF DIVIDEND ELECTION:**
 Apply as premiums Paid in cash
 Purchase additional insurance Apply to policy loan balance
 Accumulate at interest

10. **CHANGE OF BILLING MODE:**
 Annual Semi-Annual Quarterly Monthly

11. **UPDATE CONTACT INFORMATION:**
Telephone Number: Home (____) ____-____ Cell (____) ____-____ Work (____) ____-____
Email Address: _____

12. **REQUEST FOR CONFIRMATION OF COVERAGE:**
Available at no cost if the policy has been lost or destroyed.

13. **ADDRESS CHANGE:**
Please check one: Insured Owner Payor Beneficiary
Change Address From: **Change Address To:**
Address: _____ **Address:** _____
City: _____ **City:** _____
State: _____ **Zip:** _____ **State:** _____ **Zip:** _____

14. **POLICYOWNER AUTHORIZATION:**
Only the Policyowner or the Policyowner's legally authorized representative may make changes under the policy.

I request the change(s) indicated on this form be made to my policy(ies) and for my convenience, the company waive the requirement that the changes(s) I have requested be endorsed on the policy contract.

I understand that with respect to items (2) Change of Beneficiary; (3) Change of Ownership; (4) Policy Loan Agreement; (5) Automatic Premium Loan Agreement; (6) Surrender of Policy; (7) Surrender of Dividend Accumulations or Paid up Additions; or (9) Change of Dividend Election, **THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY; IDENTIFICATION MUST BE PRESENTED TO THE NOTARY.**

Signature of Policyowner: _____

Signature of Spouse: _____

Policyowner's Address: _____

City: _____ **State:** _____ **Zip:** _____

Policyowner's Social Security Number: _____ **Date:** _____

Policyowner's Telephone Number: (____) ____-____

NOTARY: The Policyowner must sign this form in your presence for: (2) Change of Beneficiary; (3) Change of Ownership; (4) Policy Loan Agreement; (5) Automatic Premium Loan; (6) Surrender of Policy; (7) Surrender of Dividend Accumulations or Paid up Additions; or (9) Change of Dividend Election.

Notary Signature _____ **Date** _____

Notary's Seal _____ **Date Commission Expires** _____