

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE: BINGHAMTON, NY
COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE, CHICAGO, IL

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APPLICATION FOR POLICY CHANGES PART 1

COMPLETE THIS SECTION FOR ALL REQUESTS

Insured/Annuitant: _____ **Policy #:** _____

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

Owner's Address (if different than insured): _____

Daytime Phone #: (_____) **Family Group #:** _____

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1. ☐ **ADDRESS CHANGE:** ☐ Insured/Annuitant ☐ Policyowner ☐ Payer ☐ Assignee ☐ Beneficiary

Address: _____

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

☐ Change address on these policies as well: _____
(List All Policy Numbers)

2. ☐ **CASH SURRENDER (FULL TERMINATION OF CONTRACT):** **Section 16 Must Also Be Completed**

The cash surrender value is hereby requested and will be accepted in full payment of and release of all claims under the policy. The surrender will be effective in accordance with the policy provisions.

3. ☐ **PARTIAL SURRENDER/WITHDRAWAL (UNIVERSAL LIFE AND ANNUITIES ONLY):** **Section 16 Must Also Be Completed**

FROM: ☐ Universal Life (May be subject to surrender charges and will reduce the death benefit of the policy)

☐ Annuity (May be subject to surrender charges)

AMOUNT: ☐ \$ _____ ☐ Maximum amount not subject to surrender charge

4. <input type="checkbox"/> POLICY LOAN:	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Maximum amount available <small>(Write in amount - Maximum will be processed if it is less than what is being requested)</small>
DISTRIBUTION: <input type="checkbox"/> Check <input type="checkbox"/> Pay the loan or premium(s) due on policy # _____ Total number of premiums to pay = _____	
LOAN AGREEMENT: In consideration of the advance by the Company as a loan, all right and interest in the policy is assigned to the Company as sole security for the repayment of the loan with interest, subject to the provisions of the policy.	
5. <input type="checkbox"/> DIVIDEND OPTION CHANGE: Section 16 Must Also Be Completed If Change Is To "Accumulate At Interest"	
<input type="checkbox"/> Paid in Cash <input type="checkbox"/> Reduce Premium <input type="checkbox"/> Accumulate at Interest <input type="checkbox"/> Paid-Up Additions <input type="checkbox"/> Purchase Additional Permanent Insurance – Internal (For use with PUL products only)	
6. <input type="checkbox"/> DIVIDEND WITHDRAWAL:	
FROM: <input type="checkbox"/> Accumulations <input type="checkbox"/> Paid-Up Additions cash value AMOUNT: <input type="checkbox"/> Full amount <input type="checkbox"/> \$ _____ or full amount available (if less) DISTRIBUTION: <input type="checkbox"/> Check <input type="checkbox"/> Pay the loan or premium(s) on policy # _____ Total number of premiums to pay = _____	
7. <input type="checkbox"/> MODE CHANGE:	
Effective with the next premium due or the next anniversary, I request to change my mode of payment to: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (if available) <input type="checkbox"/> Check-O-Matic/EFT (attach form 1552CFG)	
<input type="checkbox"/> PREMIUM CHANGE (Universal Life and Annuity contracts only):	
Effective with the next premium due, I request to change the billed amount to: \$ _____	
8. <input type="checkbox"/> ENDORSE POLICY IN ACCORDANCE WITH NON-FORFEITURE PROVISIONS:	
Effective with the current premium due, if available, I request that the status of my policy be changed to: <input type="checkbox"/> Reduced Paid-Up Insurance <input type="checkbox"/> Extended Term Insurance	
9. <input type="checkbox"/> NON-FORFEITURE OPTION CHANGE:	
I request the following non-forfeiture option, if available, to apply in accordance with the policy provisions. <input type="checkbox"/> Reduced Paid-Up Insurance <input type="checkbox"/> Extended Term Insurance	
10. <input type="checkbox"/> AUTOMATIC PAYMENT OF PREMIUM BY LOAN OPTION:	
<input type="checkbox"/> Add option to policy, if available <input type="checkbox"/> Remove option from policy	
11. <input type="checkbox"/> DUPLICATE CERTIFICATE:	
I have lost my policy and request that a duplicate certificate be issued to me.	

12. ☐ **NAME CHANGE:** ☐ Insured/Annuitant ☐ Policyowner ☐ Payer ☐ Assignee ☐ Beneficiary

Print new name (in full): _____

Reason for change: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Other _____

Submit proof such as: driver's license, marriage license, court order, etc. (List Reason)

13. ☐ **RELEASE OF ASSIGNMENT:**

For value received, _____
(the assignee)

releases all right, title, and interest in the policy from the assignment dated _____

14. ☐ **BENEFICIARY CHANGE:** ☐ Basic Policy ☐ _____ **Rider Benefit**

IMPORTANT: Separate forms are required for different designations to both benefits

Instructions: If a separate page is used for your beneficiary designation, it must contain the policy number, the insured's name, the complete designation information (including names, addresses, relationships, and percentages where applicable), and be signed by the policyowner, the owner's spouse (if community property state), the irrevocable beneficiary (if one currently exists on the policy) and be witnessed by someone other than the insured, policyowner, or beneficiary.

Any previous beneficiary designation and or optional mode of settlement with respect to any death benefit proceeds payable at the death of the Insured is revoked. Any such proceeds shall now be paid in one sum as follows:

Note: If no percentage is given, proceeds will be paid in equal shares to primary beneficiaries who survive the insured and if no primary beneficiaries survive the insured, proceeds will be paid in equal shares to contingent beneficiaries who survive.

PRIMARY BENEFICIARIES:

**RELATIONSHIP
TO INSURED:**

PERCENTAGE:
(Primary designation
must total 100%)

Full Name: _____

Address: _____

Full Name: _____

Address: _____

CONTINGENT BENEFICIARIES:

**RELATIONSHIP
TO INSURED:**

PERCENTAGE:
(Contingent designation
must total 100%)

Full Name: _____

Address: _____

Full Name: _____

Address: _____

15. ☐ OWNER CHANGE: ☐ FOR GIFT ☐ FOR VALUE Section 16 Must Also Be Completed & Signed By New Owner

Transfer Ownership To: ☐ Individual ☐ Qualified Plan ☐ Corporation ☐ Trust (Include Trustee Names & Date of Trust)

Full Name Of New Owner: _____

Complete Address: _____

Contingent Owner:

Full Name: _____

Complete Address: _____

Payer Change:

Send Premium Notices To: ☐ Insured/Annuitant ☐ Policyowner ☐ Other (Give Full Name & Address Below):

Full Name: _____

Complete Address: _____

16. ☐ TAXPAYER IDENTIFICATION NUMBER CERTIFICATION: Sign Request In This Section And Section 17

FAILURE TO COMPLETE THIS SECTION MAY RESULT IN MANDATORY 24% BACKUP WITHHOLDING WHERE REQUIRED BY THE IRS.

Withholding Election: ☐ I do not want to have Federal or State income tax withheld.

☐ I want to have Federal or State income tax withheld.

Federal Withholding: ☐ _____ % or ☐ \$ _____

State Withholding: ☐ _____ % or ☐ \$ _____

**Taxpayer
Identification
Number:**

For individuals, this is your social security number (SSN).

For other entities, this is your employer identification number (EIN).

Certification Instructions: You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Certification: Under penalties of perjury, I certify that: **(1)** The number shown is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **(2)** I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding; and **(3)** I am a U.S. person (including a U.S. resident alien).

Policyowner's Signature: _____ Dated: _____

17. ☐ SIGNATURES:

Instructions For All Requests:

1. Policyowner must sign and date this form.
2. Policyowner's spouse must sign this form if Application State was AZ, CA, ID, LA, NV, NM, TX, WA, or WI.
3. Insured must sign this form if the change to section 14 is for a rider.
4. All irrevocable beneficiaries and collateral assignees must sign this form.
5. Signatures **must** be witnessed. Witness **cannot** be the policyowner, policyowner's spouse, insured, assignee or beneficiary.
6. Transactions resulting in a payment will have the check addressed to the owner and the owner's address.

Signed At (City & State): _____ Date: _____

Signature of Present Owner

Signature of Assignee

Signature of Insured (if other than Present Owner)

Signature of Irrevocable Beneficiary

Signature of Spouse (**See Instruction #2**)

Signature of Witness (**See Instruction #5**)