COLUMBIAN MUTUAL LIFE INSURANCE COMPANY · HOME OFFICE: BINGHAMTON, NY
COLUMBIAN LIFE INSURANCE COMPANY · HOME OFFICE: CHICAGO, IL
Administrative Service Offices:
PO Box 1381 · Binghamton, NY 13902-1381 · (800) 423-9765 · FAX (866) 253-9459
PO Box 1056 · Syracuse, NY 13201-1056 · (800) 347-0960 · FAX (315) 475-6612

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 #: _____

ALPHABETIC INDEX

REQUEST	PAGE #'S	SECTION(S)	REQUEST	PAGE #'S	SECTION(S)
ADDRESS CHANGE	1 & 4	1 & 17	NON-FORFEITURE OPTION CHANGE	2 & 4	9 & 17
AUTOMATIC PREMIUM LOAN	2 & 4	10 & 17	NON-FORFEITURE PROVISION	2 & 4	10 & 17
BENEFICIARY CHANGE	3 & 4	14 & 17	OWNERSHIP CHANGE	4	15, 16 & 17
CASH SURRENDER	1 & 4	2, 16 & 17	PARTIAL SURRENDER/WITHDRAWAL	1 & 4	3, 16 & 17
DIVIDEND OPTION CHANGE	2 & 4	5, 16 & 17	POLICY LOAN	2 & 4	4 & 17
DIVIDEND WITHDRAWAL	2 & 4	6 & 17	PREMIUM CHANGE	2 & 4	7 & 17
DUPLICATE CERTIFICATE	2 & 4	11 & 17	RELEASE ASSIGNMENT	3 & 4	13 & 17
MODE CHANGE	2 & 4	7 & 17	SIGNATURES	4	17
NAME CHANGE	3 & 4	12 & 17	TAXPAYER IDENTIFICATION NUMBER	4	16

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

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 Of New Owner: _____

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 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)