Colonial Life

Request for Service Form

Policy(s) numbers:

General information

Insured's name: (As currently listed on the policy/certificate)		DOB: _____	SSN:
Address:	City:	State:	ZIP:
Telephone:	Mobile:	Email:	
List all policy/certificate numbers related to this request: (Required to process) To expedite processing please use policy number fields at the top of the form.			
Employer:			

Cancellation, Surrender or Policy/Certificate Change

☐ **Cancel/surrender the policy(ies)/certificate(s)** (This option will cancel or cash surrender your policy(ies)/certificate(s).)

☐ **Cancel the following riders on the policy(ies)/certificate(s):** (This option will cancel policy/certificate riders only.)	☐ **Spouse Rider**	☐ **Dependent Rider** (This will cancel coverage for ALL dependents.) List date of birth of youngest dependent: (MM/DD/YYYY) _____	☐ **Other** (name rider) _____

☐ **Change Two-Parent to Individual** ☐ **Change Two-Parent to One-Parent** ☐ **Change One-Parent to Individual** ☐ **Spouse/Dependent Continuation**

Provide name, date of birth (DOB) and Social Security number (SSN) for spouse/dependent(s) continuation. If more space is needed, please provide the information in Section 9.

Name:	DOB:	SSN:
Name:	DOB:	SSN:

Tax withholding options (complete this section if you are requesting a surrender's change)

Choose one of the following options. If an option is not selected, a withholding will automatically be made.

☐ I DO NOT want to have Federal Income Tax withheld in conjunction with this surrender/partial surrender/withdrawal proceeds.

☐ I DO want to have Federal Income Tax withheld in conjunction with this surrender/partial surrender/withdrawal proceeds.

Election of a tax withholding option is not available for tax-qualified products. The insurer is required to withhold 20% of any recognized gain for tax-qualified products unless proceeds are rolled directly into an IRA or other qualified retirement plan.

Under certain criteria established by the Treasury Department, a gain may be reportable by the insurer at the time of surrender, partial surrender or withdrawal of this policy, creating a taxable situation. However, any gain is taxable income for the current tax year.

If a gain is reportable, an IRS Form 1099R will be sent to you at the beginning of the next calendar year reporting the recognized gain, and a copy of IRS Form 1099R will be sent to the IRS. If a gain is not reportable when the surrender, partial surrender or withdrawal is processed, an IRS Form 1099R will not be sent. In addition, if a gain is reportable, the insurer is required to withhold 10% of any recognized gain, unless the policy owner elects not to have the tax withheld. You may be subject to penalties under the estimated tax payment rules if you elect not to have tax withheld and payments of estimated tax and other withholding are not adequate to satisfy tax liability.

Signatures required **(this section MUST be complete in order for us to process your request)**

Special notice for Residents of a Community Property State: A spouse or former spouse may have an interest in life insurance proceeds or any accumulated cash value if the policy premiums were paid with community funds. It is your responsibility to consult your legal advisor to 1) ensure that any required consent from a spouse or former spouse has been received and 2) ensure that your spouse or former spouse will not be able to make a claim against any policy values and/or the proceeds in the event any policy benefits become payable.

I have carefully read this request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy/certificate and that the company may require additional information or requirements. I certify that the policy/certificate is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings or bankruptcy or insolvency have been filed or are now pending. ***I certify the Social Security number and date of birth indicated are correct, and I hereby authorize Colonial Life to execute this request.***

_____ _____

Policy/certificate owner's signature | Date (MM/DD/YYYY)

Assignee's signature (if any):	Date (MM/DD/YYYY):

Policy/certificate owner's information	Print name:		DOB: _____	SSN:
Address:		City:	State:	ZIP:
Telephone:		Email:		