Allegiant Wealth
GROUP

POLICY OWNER'S SERVICE REQUEST
CICA Life Insurance of America

Policyholder Services • P.O. Box 149151 • Austin TX 78714-9151 • Telephone: (877) 282-7127 • **E-mail:** PHS.USA@citizensinc.com

		For Home Service Business:	**District**	**Debit**	**Payor Group**
Policy Number (10-digits)	**Insured**	**Owner (If other than Insured)**		**Date**

❒ 1. LOAN

Make cash loan for $_____ , or if maximum amount available is less, for the maximum amount.

Make Premium loan ❒ Pay _____ month(s) premium due for ❒ this policy ❒ policy no. _____

When loan proceeds are used to pay premiums on this or another policy or when the loan proceeds are used for reinstatement of a policy, I understand interest will be charged as provided within this policy for a policy loan.

***ADDRESS TO MAIL CHECK TO:_____**

❒ 2. APL

I hereby request the automatic premium loan provision as an option in my policy.

❒ 3. DIVIDENDS ENDOWMENTS COUPONS

Apply: ❒ dividends on deposit ❒ endowments on deposit ❒ coupon ❒ paid up additions

To: a. ❒ reduce loan on ❒ this policy ❒ policy no. _____

b. ❒ pay _____ month(s) premium due for ❒ this policy ❒ policy no. _____

c. ❒ be withdrawn ❒ full amount or ❒ $_____

Change ❒ dividend ❒ endowment option to: ❒ cash ❒ deposit at interest ❒ apply to premium ❒ purchase paid up additions

Change coupon option to: ❒ deposit at interest ❒ purchase paid up additions

❒ 4. POLICY SURRENDER (ATTACH POLICY)

Surrender the policy for the net cash value in accordance with the provisions and conditions of the policy. No bankruptcy proceedings are outstanding against me, and no liens are pending against the policy, except as follows:

Reason for Surrender: _____

***ADDRESS TO MAIL CHECK TO:_____**

❒ LOST POLICY STATEMENT: I hereby certify the policy has been lost or destroyed and I have no knowledge of its whereabouts, and said policy is not assigned, hypothecated, or pledged. I hear by agree any certificate or duplicate issued shall create no liability on the part of the company other than as set out in the original policy If at anytime the original policy is found, I will return the certificate or duplicate policy to the Company.

❒ 5. ADDRESS

Change address of: ❒ owner ❒ insured ❒ beneficiary E-mail Address: _____

Phone Number: _____

New Address _____

(Please Print) Street Address, Apt. No., Suite No., Box Number, City, State & Zip Code

❒ 6. NON-FORFEITURE

I hereby request the cash value of the policy, less any existing indebtedness to the company, be applied to:

❒ Extended Term Insurance ❒ Paid Up Insurance

Supplemental benefits are to be cancelled in accordance with the policy. Pure endowment, if any available, matures if the insured is living on the maturity date.

HOME OFFICE USE ONLY

Effective Date	Amount of Insurance	Expiry Date	Pure Endowment	Maturity Date

----------SIGN BELOW FOR THE ABOVE REQUEST(S) ----------

_____ _____

Signature of Witness **Signature of Insured or Owner, if other than Insured**

_____ _____

Printed Witness Name **Date**

THE UNDERSIGNED ASSIGNEE AGREES TO THE ABOVE REQUEST(S) AND CHANGE(S).

_____ _____

Signature of Assignee (If Any) **Date**

HOME OFFICE USE ONLY
ACKNOWLEDGEMENT OF REQUEST FOR CHANGE – PLEASE ATTACH TO POLICY

Dated on _____, 20____ by_____ _____

Print Company Representative Name & Title Signature