COLUMBIAN MUTUAL LIFE INSURANCE COMPANY ● HOME OFFICE: BINGHAMTON, NY
COLUMBIAN LIFE INSURANCE COMPANY ● HOME OFFICE, CHICAGO, IL
Administrative Service Offices:
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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 ANNUITES 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. ☐ POLICY LOAN: ☐ $ _____ ☐ Maximum amount available

(Write in amount - Maximum will be processed if it is less than what is being requested)

DISTRIBUTION: ☐ Check ☐ 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. ☐ DIVIDEND OPTION CHANGE: Section 16 Must Also Be Completed If Change Is To "Accumulate At Interest"

☐ Paid in Cash ☐ Reduce Premium ☐ Accumulate at Interest

☐ Paid-Up Additions ☐ Purchase Additional Permanent Insurance – Internal (For use with PUL products only)

6. ☐ DIVIDEND WITHDRAWAL:

FROM: ☐ Accumulations ☐ Paid-Up Additions cash value

AMOUNT: ☐ Full amount ☐ $ _____ or full amount available (if less)

DISTRIBUTION: ☐ Check ☐ Pay the loan or premium(s) on policy # _____

Total number of premiums to pay = _____

7. ☐ MODE CHANGE:

Effective with the next premium due or the next anniversary, I request to change my mode of payment to:

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly (if available) ☐ Check-O-Matic/EFT (attach form 1552CFG)

☐ **PREMIUM CHANGE (Universal Life and Annuity contracts only):**

Effective with the next premium due, I request to change the billed amount to: $ _____

8. ☐ 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:

☐ Reduced Paid-Up Insurance ☐ Extended Term Insurance

9. ☐ NON-FORFEITURE OPTION CHANGE:

I request the following non-forfeiture option, if available, to apply in accordance with the policy provisions.

☐ Reduced Paid-Up Insurance ☐ Extended Term Insurance

10. ☐ AUTOMATIC PAYMENT OF PREMIUM BY LOAN OPTION:

☐ Add option to policy, if available ☐ Remove option from policy

11. ☐ 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)**