



# REQUEST FOR POLICY SERVICE

Insured \_\_\_\_\_  
Owner \_\_\_\_\_

Policy No. \_\_\_\_\_  
Social Security No. \_\_\_\_\_

**Please check off and complete the Section for desired service and complete the Signature Section 11.**

**1. LOST POLICY DECLARATION (WITNESS NOT REQUIRED)**

The above policy has been lost, mislaid, or destroyed. I have been unable to find it after diligent and careful search and inquiry. I request the Company to issue a duplicate policy; or, if the policy is being surrendered for its cash value, to accept this declaration in lieu of the original policy, if recovered. I further agree to indemnify the Columbian Mutual Life Insurance Company in and against any sum paid or loss sustained under, by reason of, or through the original policy.

**IMPORTANT** – State whether the policy, or any interest therein, has at any time been assigned, transferred, or pledged to any person or corporation. If so, give the date and the name of the assignee and full particulars, including whether it was absolute or collateral security, and furnish a copy of such assignment.

**2. CASH SURRENDER REQUEST – SEND POLICY OR COMPLETE SECTION 1 (WITNESS REQUIRED)**

I hereby request the cash surrender of the policy number stated above for the present cash value. In consideration of the cash value, I release the Company and personally, and on behalf on my Executor(s) or Administrator(s), forever discharge all past, present, or future claims, demands, liabilities, and rights of any description to and/or under this policy. In accordance with the terms of the policy, it is hereby agreed that any indebtedness thereon to the Company will be deducted from the cash value.

**3. AUTOMATIC PREMIUM LOAN REQUEST (WITNESS NOT REQUIRED)**

I hereby request the Automatic Premium Loan provision be added to the above-numbered policy, if available.

**4. REQUEST FOR EXTENDED TERM INSURANCE (WITNESS NOT REQUIRED)**

In accordance with non-forfeiture provisions, I hereby request that my policy be placed on extended term insurance.

**5. POLICY LOAN AGREEMENT (WITNESS NOT REQUIRED)**

Pursuant to the provisions of the policy, a loan application is made:

- In the amount of \$ \_\_\_\_\_
- Maximum loan available
- Increase loan total to \$ \_\_\_\_\_
- Pay \_\_\_\_\_ month's premium on Policy No. \_\_\_\_\_ or Application No. \_\_\_\_\_

The loan will be repaid by:

- Pre-Authorized Check (*forms will be sent for completion*)
- Repayment Reminder Service     Monthly     Quarterly, beginning in the month of \_\_\_\_\_
- I wish to pay \$ \_\_\_\_\_ (*minimum of \$20*)
- I wish to start loan repayments     next month or in     \_\_\_\_\_ months.

In consideration of said loan, the receipt of which is hereby acknowledged, the undersigned hereby assign, transfer, and set over unto said Company, its successors, and assigns the said policy and all the benefits and profits due or to become due thereon as security for the payment of said loan and interest thereon as herein provided. The undersigned hereby jointly agree with said Company as follows: (1) To pay said Company on the next anniversary of said policy, interest on said loan according to the terms and the interest rate specified in the policy. (2) That said loan plus accrued interest shall become due and payable either (a) upon default in the premium payment or (b) on the maturity of the policy as a death claim, an endowment, or on the surrender of the policy for cash value. In any event, the amount so due and payable shall be deducted from the sum to be paid or allowed under the policy.

**NOTICE: Section 11 must be signed by the OWNER. Irrevocable beneficiaries and assignees, if any, are required to join in the execution of a cash surrender, dividend withdrawal, or a loan agreement. All signatures must be witnessed by a non-family member.** (over)

**6. REQUEST FOR REDUCED PAID-UP INSURANCE (WITNESS NOT REQUIRED)**

In accordance with non-forfeiture provisions, I hereby request that my policy be placed on reduced paid-up insurance. Riders and benefits will cancel.

Reduced Paid-up, without present loan

Reduced Paid-up, keeping present loan

**7. DIVIDEND WITHDRAWAL REQUEST (WITNESS NOT REQUIRED)**

- I wish to have
- the full amount
  - \$ \_\_\_\_\_ of my dividend credits
  - paid to me
  - applied toward the payment of the current premium or Application No. \_\_\_\_\_
  - applied to reduce the loan
  - used to purchase paid-up additional insurance
  - applied to Annuity No. \_\_\_\_\_

**8. CHANGE DIVIDEND OPTION (WITNESS NOT REQUIRED)**

Until further notice, please apply any future dividends on the above-numbered policy as follows:

- CASH – Dividend will be paid by check on due date.
- PREMIUM PAYMENT – Dividend will be applied to reduce the premium.
- DIVIDEND DEPOSIT – Dividend will be left on deposit to accumulate at interest.
- DIVIDEND ADDITIONS – Dividend will be applied to purchase paid-up additional insurance.
- REDUCE LOAN – Dividend will be applied to loan.

**9. APPLY POLICY VALUES TO PAY FUTURE PREMIUMS (WITNESS REQUIRED)**

Until further notice or until insufficient values remain, apply values from the above-numbered policy as described below. I understand that policy provisions regarding lapse and non-forfeiture will apply if values are insufficient to pay any future premiums.

- Existing dividend values
  - Surrender value from FPA
  - Surrender value from PUA Rider
  - Surrender value from SP Rider
- Apply to premiums on Policy No. \_\_\_\_\_

**10. PARTIAL SURRENDER REQUEST TO BE PAID TO ME (WITNESS REQUIRED)**

\$ \_\_\_\_\_ from Annuity Contract/Rider No. \_\_\_\_\_ or from Universal Life No. \_\_\_\_\_

**11. SIGNATURES**

It is expressly agreed and warranted that no proceedings in bankruptcy have been instituted by or against any one of the undersigned, that said policy is not now assigned or pledged as collateral to any person or corporation other than the undersigned, and that said policy is free from any outstanding right, title, interest, or claims in any other person or corporation. Receipt of this request by the Company and acknowledgement of compliance will constitute a binding agreement between the parties.

Date at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(City and State)

Witness \_\_\_\_\_ Insured \_\_\_\_\_ SSN \_\_\_\_\_

Witness \_\_\_\_\_ Owner (if not insured) \_\_\_\_\_ SSN \_\_\_\_\_

Witness \_\_\_\_\_ Beneficiary \_\_\_\_\_

Witness \_\_\_\_\_ Assignee \_\_\_\_\_

**NOTICE: This request must be signed by OWNER. Irrevocable beneficiaries and assignees, if any, are required to join in the execution of a cash surrender, dividend withdrawal, or a loan agreement. All signatures must be witnessed by a non-family member.**