



300 S.W. Adams Street Peoria, IL 61634  
800.437.7355

## POLICY SERVICE REQUEST

Requested Effective Date \_\_\_\_\_ Policy No. \_\_\_\_\_ Current Date \_\_\_\_\_

Insured \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Insured's Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Owner (if other than Insured) \_\_\_\_\_ Soc. Sec. or Tax I.D. No. \_\_\_\_\_

Owner's Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

<p>1. CHANGE NAME of _____ to _____ Reason for change: _____</p>	<p>4. CHANGE OWNER to _____ Address of New Owner _____ Date of Birth: _____ Soc. Sec. or Tax I.D. No.: _____</p>
<p>2. CHANGE MODE to:      <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual                      <input type="checkbox"/> Mo. Authorized Check <input type="checkbox"/> Semi-Annual                <input type="checkbox"/> (AC Card required)</p>	<p>5. CHANGE BENEFICIARY to: (give address and relationship) Primary: _____ _____ Contingent: _____ _____</p>
<p>3. ISSUE DUPLICATE POLICY <input type="checkbox"/> Original is lost or destroyed <input type="checkbox"/> Because _____ _____</p>	
LIFE INSURANCE	DISABILITY INCOME
<p>6. CHANGE RIDERS as follows: <input type="checkbox"/> Add _____ (Submit Full Application) <input type="checkbox"/> Cancel _____</p>	<p>10. REDUCE <input type="checkbox"/> Monthly Benefit to \$ _____ <input type="checkbox"/> Remove Rider _____ <input type="checkbox"/> Increase Elimination Period to _____</p>
<p>7. INCREASE: <input type="checkbox"/> Face (Specified) Amount to \$ _____ (Submit Full Application) <input type="checkbox"/> Premium to \$ _____ per _____</p>	<p>11. INCREASE <input type="checkbox"/> Add Surrender Value Rider <input type="checkbox"/> Add COLA and/or Residual Rider (Submit Full Application)</p>
<p>8. REDUCE: <input type="checkbox"/> Face Amount to \$ _____ <input type="checkbox"/> Premium to \$ _____ per _____</p>	<p>12. <input type="checkbox"/> SURRENDER POLICY for its value, if any.</p>
<p>9. PROCESS POLICY LOAN <input type="checkbox"/> For \$ _____    <input type="checkbox"/> Maximum Available <input type="checkbox"/> To pay premiums to: _____</p>	<p>13. OTHER (Life or Disability):</p>

The provisions below are a part of this form, and I (we) acknowledge that I (we) have read and understand those which are relevant to the request being made.

\_\_\_\_\_  
Policyowner

\_\_\_\_\_  
Signature of Assignee, Beneficiary,  
New Owner, or other person required to sign

Note: **THE ORIGINAL FORM MUST BE MAILED TO THE HOME OFFICE.** If the policy is assigned or if there is an irrevocable beneficiary, the person claiming an interest must also sign this form.

**AGREEMENT**

1. This combination Policy Service Request is provided for the convenience of policyowners and agents. If a request cannot be honored without additional information or forms, those will be provided by Illinois Mutual (the Company).
2. A change of owner does not constitute a change of beneficiary. When an owner completes Section 4 and signs the form, this action transfers all property, right, title, and interest in the policy to the new owner. The new owner must also sign the form. If both a change of owner and beneficiary are requested simultaneously on this form, the new owner by signing concurs in the change of beneficiary.
3. A change of beneficiary revokes all existing beneficiary designations and settlement agreements pertaining to the policy. Unless otherwise provided, the right to revoke and further change the beneficiary is reserved by the owner. A change of beneficiary becomes valid when a copy of this form is endorsed by a Company officer, and the change is then operative as of the effective date of this request. Unless otherwise provided, beneficiaries in a class will share equally to the survivor or survivors in that class. Specify in Section 14 the nature of any special settlement arrangement desired.
4. When a duplicate policy is issued, the owner agrees to hold the Company harmless from any damages, costs, and expenses which may be incurred by it as a result of the issuance of such duplicate policy (or certificate) issued, payment of the surrender value, exchange of the policy, or payment of benefits thereunder; and the owner further agrees to return the lost policy to the Company if and when it is discovered.
5. It is understood that on a policy loan the loan is made subject to all the terms and conditions of the policy. If the policy is assigned, the assignee must also sign this form.
6. For a request for cash surrender, the owner warrants that no insolvency or bankruptcy proceedings are pending. The date upon which the Company receives the form at its Home Office is the date upon which the net surrender cash value is determined and the date upon which the death benefit and other provisions of the policy terminate.
7. Any request for cancellation of riders or reductions in face amount will be effective when this form is received by the Company at its Home Office. Any addition of riders or increases in face amounts are subject to satisfactory evidence of insurability and approval by the Company.
8. The owner agrees that the Company may waive any provision requiring that the policy be presented for change and that the Company may require presentation of the policy for certain changes.

(For Home Office Use Only)

**ACKNOWLEDGEMENT**

The Company has processed the change(s) requested and has filed the original request form.

Illinois Mutual Life Insurance Company

Dated \_\_\_\_\_

By \_\_\_\_\_  
Authorized Person

Policyowner is to attach this approved copy of this form to the policy.