

HM WORKSITE ADVANTAGE SERVICE REQUEST FORM

					JLI	ice meg	JEST I OKIVI	
Certificate Number	Insured		Owner (if other than Insured)					
Home Address		City		State	Zip Code	Phone Numb	oer	
					I	I.		
1. CHANGE OF B	ENEFICIARY (Witness	must be som	eone othe	r than he	neficiary)			
It is requested that the beneficiary under the above Certificate by Primary Beneficiary			be change	Relationship to Insured				
				Relationship to insured				
Home Address			City			State	Zip Code	
Trome / taaress			City			State	Zip code	
Contingent Beneficiary				Relationship to Insured				
Containgent Denominally				recidencia	лр tов u с			
Home Address			City			State	Zip Code	
	IANAE (DI	· · 1 1	, (1	`	,	,	
	IAME (Please attach off			e cnange.	.)			
Former Name		N	ew Name					
D (Cl								
Reason for Change								
3. ☐ CHANGE OF A	DDRESS							
Former Home Address			City			State	Zip Code	
			,				· ·	
New Home Address		City	•	State	Zip Code	New Phone	Number	
		,						
4 TRANSFER OF	OWNEDCHID DEOLIC	т						
	OWNERSHIP REQUES		1 . (1)	1.				
	its, rights and privileges in					new Owner na	med below, or	
to such new Owner's executors, administrators and assigns, or			r successor					
New Owner (Last, First, Middle)				Relationship to Insured				
Address of New Owne			C:t-			Ct-t-	7: C l -	
Address of New Owne	er –							
			City			State	Zip Code	
			City			State	Zip Code	
5.■ UNIVERSAL LII	FE ONLY – Discontinuo	e Premium D	,	Only/Allo	ow Policy to		Zip Code	
	FE ONLY – Discontinue		eduction			Continue	'	
I request that all payro	ll deductions or billings b	e discontinue	eduction d at this tim	e. I unders	stand that I m	Continue ust notify HM	Life Insurance	
I request that all payro Company to start payro	ll deductions or billings b oll deductions or billings a	e discontinued at a later date.	eduction d at this tim I understa	ne. I unders	stand that I m policy will c	Continue ust notify HM ontinue to rem	Life Insurance	
I request that all payro Company to start payro inforce until all accum	ll deductions or billings b	e discontinued at a later date. ontinuing the	eduction d at this tim I understan policy is de	ne. I unders nd that my epleted or	stand that I m policy will c until I reques	Continue ust notify HM ontinue to rem t continuation	Life Insurance lain of premium	
I request that all payro Company to start payro inforce until all accum payments. I understand	ll deductions or billings boll deductions or billings a ulated value capable of c d that once accumulated	e discontinued at a later date. ontinuing the	eduction d at this tim I understan policy is de	ne. I unders nd that my epleted or	stand that I m policy will c until I reques	Continue ust notify HM ontinue to rem t continuation	Life Insurance lain of premium	
I request that all payro Company to start payro inforce until all accum payments. I understand	ll deductions or billings b oll deductions or billings a ulated value capable of c	e discontinued at a later date. ontinuing the	deduction d at this tim I understan policy is do of continu	ne. I unders and that my epleted or ing the pol	stand that I m policy will c until I reques icy is deplete	Continue ust notify HM ontinue to rem t continuation d, the policy v	Life Insurance lain of premium	
I request that all payrol Company to start payrol inforce until all accum payments. I understand 6. ■ LOST CERTIFIC I,	Il deductions or billings boll deductions or billings a ulated value capable of c d that once accumulated v	e discontinued at a later date. ontinuing the value capable	d at this tim I understan policy is do of continu	ne. I unders and that my epleted or ing the pol by certify t	stand that I m policy will c until I reques icy is deplete that Certificat	Continue ust notify HM ontinue to rem t continuation d, the policy v	Life Insurance vain of premium vill lapse.	
I request that all payrol Company to start payrol inforce until all accum payments. I understand 6. LOST CERTIFIC I,	Il deductions or billings boll deductions or billings a ulated value capable of c d that once accumulated value capable of c cate notification	e discontinued at a later date. ontinuing the value capable by HM Life Inst	eduction d at this tim I understai policy is do of continu	ne. I undersome that my epleted or ling the polar by certify to the polar pany has	stand that I m policy will c until I reques icy is deplete that Certificat been lost or o	Continue ust notify HM ontinue to rem t continuation d, the policy v e Number destroyed and	Life Insurance nain of premium will lapse.	
I request that all payrol Company to start payrol inforce until all accum payments. I understand 6. LOST CERTIFIC I,	Il deductions or billings be collings of the collings of the capable of collings and that once accumulated of the collings of	e discontinued at a later date. ontinuing the value capable by HM Life Insi dged in any w	eduction d at this tim I understai policy is do of continu, here urance Cor ay whatsoe	ne. I unders and that my epleted or ing the pol by certify to appany has ever. I, ther	policy will c policy will c until I reques icy is deplete that Certificat been lost or e efore, reques	Continue ust notify HM ontinue to rem t continuation d, the policy v e Number destroyed and t a Certificate	Life Insurance nain of premium will lapse. that said of Lost	
I request that all payrol Company to start payrol inforce until all accum payments. I understand 6. LOST CERTIFIC I, dated Certificate is not assign Certificate and agree the	Il deductions or billings boll deductions or billings a ulated value capable of c d that once accumulated value capable of c cate notification	e discontinued at a later date. ontinuing the value capable by HM Life Insidged in any wrificate be found at the continuity of the continu	d at this tim I understan policy is do of continu , here urance Cor ay whatsoe und or if an	ne. I undersond that my epleted or ing the polar by certify the polar pany has ever. I, there y come into	policy will c policy will c until I reques icy is deplete that Certificat been lost or o efore, reques to my possess	Continue ust notify HM ontinue to rem t continuation d, the policy v e Number destroyed and t a Certificate sion, I will retu	Life Insurance rain of premium will lapse. that said of Lost rn or cause	

Service Request Form (5/06) Page 1 of 2

the original Certificate shall become null and void immediately upon issuance of the Certificate herein requested.

7. ■ CANCELLATION/CHANC									
I have reviewed the benefits of the plan and have decided to cancel my coverage. I understand that by waiving my rights to									
continue my coverage, I may be required to show evidence of insurability to re-qualify for coverage:									
☐ Critical Illness ☐ Employee ☐ Spouse		☐ Supplemental Hospital Indemnity ☐ Other: ☐ Employee ☐ Spouse ☐ Child* ☐ Reduce							
□ Accident	☐ Universal Life	spouse 🗆 Child.		Face Amount (applies to Critical sability and Universal Life only)					
☐ Employee ☐ Spouse ☐ Ch		ce Amount: Employee							
☐ Traditional Cancer	ila 🗀 Employee 🗀	ороше — еппа							
☐ Employee ☐ Spouse ☐ Ch	ild*		□ New Fa	ce Amount: Spouse					
☐ Disability									
•									
*If you have spouse or dependent coverage on the plan(s) that you wish to cancel, please specify if you wish to cancel the entire plan or if you want to cancel only a portion of your plan by checking the appropriate boxes above. If you want to cancel your spouse and/or dependent(s) from the plan, please provide their name(s) and date(s) of birth below (attach sheets if you need additional space):									
Name Da	te of Birth	Name		Date of Birth					
8. ■ LOAN/WITHDRAWAL RE	EQUEST (Please allow a m	ninimum of 45 days	for process	ing.)					
I request a loan of \$, or the maximum a	mount, if less.							
9. ■ SURRENDER FOR CASH	VALUE (Please allow a mi	nimum of 45 days i	or processii	ng.)					
Please note: Your Certificate must accompany this request. If unavailable, Section 7 of this form MUST be completed. I request payment of the case value in exchange for surrender of the attached Certificate. No bankruptcy proceedings are outstanding against me and no liens are pending against the Certificate, except as follows:									
Sign and date here for above requests.									
Signature of Owner	Date								
Home Address	City	State	Zip Code	Phone Number					
Signature of Witness	,	1	1	Date					
Signature of Assignee (if applicable	e)	Signature of Irrevocable Beneficiary (if applicable)							

Administered by/Mail Completed Form to: Continental American Insurance Company P.O. Box 2048 Columbia, South Carolina 29202 (866) 849-2954

Service Request Form (5/06) Page 2 of 2