



# Request for Policy Change

Use this form to change: • Beneficiary • Address  
 • Name • Mode of premium  
 • Ownership payment

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

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

Please check off and complete the Section for desired change and complete Section 6.

**1. BENEFICIARY CHANGE (Witness Required)**

I hereby revoke all previous beneficiary designations and methods of settlement under this policy, and request that upon the death of the Insured the proceeds be paid in one sum to:

**Primary Beneficiary(ies) [equally or to the survivor(s)]**

Full Name(s)	S.S./Tax I.D.#	Birthdate(s)	Relationship(s)
_____	_____	_____	_____
Address: _____			
Address: _____			

and, if no such Primary Beneficiary survives the Insured, proceeds shall be paid to:

**Contingent Beneficiary(ies) [equally or to the survivor(s)]**

Full Name(s)	S.S./Tax I.D.#	Birthdate(s)	Relationship(s)
_____	_____	_____	_____
Address: _____			
Address: _____			
Other: _____			

I make this beneficiary election subject to the conditions and provisions of the policy as well as any assignment on the policy. If the policy now requires endorsement of change of beneficiary, I request that the Company waive all such requirements. I expressly agree that the above revocation and change of beneficiary designation, if submitted to the Company by mail or by delivery to an authorized Company representative while the Insured is living, will, upon being recorded by the Company, take effect as of the date this instrument was signed, except as to any payment made by the Company before this instrument is recorded. Unless otherwise provided above, I reserve the right to change the beneficiary or to change or to revoke this election at any time during the continuance of the policy.

**2. NAME CHANGE – Please Print Carefully (Witness Not Required)**

Please change the name of  Insured  Owner  Beneficiary  
 From \_\_\_\_\_ To \_\_\_\_\_

The above change is due to (complete the section which applies):

	Date	Place Certificate or Court Order is Recorded (City, County, State)
Marriage	_____	_____
Divorce	_____	_____
Court Order	_____	_____
Adoption	_____	_____

**3. MAILING ADDRESS. IMPORTANT – List all Policies to be Changed (Witness Not Required)**

Policy Numbers	Policy Numbers	Name of Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____
Mailing Address _____		
_____		

**4. CHANGE OF MODE OF PREMIUM PAYMENT (Witness Not Required)**

Make change effective for premium due on \_\_\_\_\_. Change mode of payment to:

- Annual  Semi-Annual  Quarterly  Monthly  Pre-Authorized Check\*  Salary Deduction\*\*  
 Other \_\_\_\_\_

\*If PAC: Attach Form 7291 6/92 and specimen check. List any other policies to be included \_\_\_\_\_

\*\*If Salary Deduction: List the previous group billing number, if any \_\_\_\_\_

**5. AMENDMENT TO TRANSFER OWNERSHIP AND CONTROL OF THE POLICY (Witness Required)**

I hereby request that any and all current provisions of my policy relating to ownership or control be cancelled. In lieu thereof, I request that the following provisions be made a part of the policy.

**Complete ownership and control of the policy is hereby transferred to:  
PRIMARY OWNER**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ SS. or Tax # \_\_\_\_\_  
Address of New Owner \_\_\_\_\_  
Payor's Name \_\_\_\_\_  
Payor's Address \_\_\_\_\_

It is hereby agreed that this transfer of ownership is subject to the conditions and provision of any existing assignment on the policy and will not become effective until accepted and acknowledged by the Company. However, upon such acceptance, this transfer of ownership will be deemed to have been made a part of the policy as of the date this amendment was signed. If the policy now requires endorsement of change of ownership, I request that the Company waive all such requirements.

An owner, while possessing then present ownership and control of this policy, shall have the sole power to exercise every right, enjoy every privilege and receive every benefit conferred by the Company in this policy. Ownership is governed by the terms of this policy as modified by subsequent changes and transfers. All changes must be made on forms approved by the Company.

**In the event of the death of the primary owner, the contingent owner shall be:**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ SS. or Tax # \_\_\_\_\_  
Address of New Owner \_\_\_\_\_

**6. 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.

Dated at \_\_\_\_\_ (City, State) - this \_\_\_\_\_ (day) of \_\_\_\_\_ (Mo.) \_\_\_\_\_ (Yr.)  
Witness \_\_\_\_\_ Insured \_\_\_\_\_ S.S.# \_\_\_\_\_  
Witness \_\_\_\_\_ Owner (if not Insured) \_\_\_\_\_ S.S.# \_\_\_\_\_  
Witness \_\_\_\_\_ Beneficiary \_\_\_\_\_  
Witness \_\_\_\_\_ Assignee \_\_\_\_\_

**NOTICE: This request must be signed by the OWNER. Irrevocable beneficiaries and assignees, if any, are required to join in the execution of a transfer of ownership. All signatures must be witnessed by someone other than family member or beneficiary.**

**This space for Home Office use only.**

The foregoing request is hereby acknowledged and approved by: **Columbian Mutual Life Insurance Company**

Date recorded \_\_\_\_\_  
\_\_\_\_\_  
President

\_\_\_\_\_  
Countersignature