

**POLICY SERVICE REQUEST (Policy Required if Indicated)**  
KANAWHA INSURANCE COMPANY, P O Box 610, Lancaster, SC 29721-0610

INSURED'S NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ OWNER'S SOCIAL SECURITY # \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_  
CITY CITY LIMITS STATE COUNTY ZIP+4

OWNER'S TELEPHONE \_\_\_\_\_ COMPANY IDENTIFICATION # \_\_\_\_\_

<input type="checkbox"/> <b>Section A — PAYOR ADDRESS CHANGE</b> _____ _____ _____ _____ County <input type="checkbox"/> YES <input type="checkbox"/> NO City Limits	<input type="checkbox"/> <b>Section E — DIVIDEND OPTION CHANGE</b> <input type="checkbox"/> Paid in Cash <input type="checkbox"/> Left to Accumulate <input type="checkbox"/> Premium Reduction (Direct Bill Only) (Complete Form 6106 Sec. A for Paid-up Additions)
<input type="checkbox"/> <b>Section B — CHANGE NAME</b> (Does not change designation) <input type="checkbox"/> Beneficiary _____ _____ Relationship _____ Date of Birth _____ <input type="checkbox"/> Insured _____ <input type="checkbox"/> Contingent Beneficiary _____ _____ <input type="checkbox"/> Applicant _____ <input type="checkbox"/> Payor _____ <input type="checkbox"/> Owner _____ (Due to marriage only)	<input type="checkbox"/> <b>Section F — POLICY VALUE OPTIONS</b> I request that my policy be placed on: <input type="checkbox"/> Reduced Paid-Up Insurance (Premium must be current) <input type="checkbox"/> Extended Term Insurance (Premium must be current) Discontinue Premium Payments Effective _____ (If a Vanishing Premium is requested, complete form # 6096)
<input type="checkbox"/> <b>Section C — PREMIUM CHANGES</b> 1. Change Premium Payment: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Home Office Bill <input type="checkbox"/> Bank Draft (Bank Authority & voided check req'd) <input type="checkbox"/> Payroll Deduction (Requires Payroll Authority & current premium) Contact Home Office for Special Request and Minimum Requirements.	<input type="checkbox"/> <b>Section G — PLAN CHANGE, REDUCTION AND/OR REMOVAL</b> (Policy Required) <input type="checkbox"/> Change plan of insurance: From _____ To _____ <input type="checkbox"/> Reduce amount of ins. to: Effective _____ <input type="checkbox"/> Remove Dependent, Benefit or Rider _____ Effective _____ Complete Form 6106 if changing plan from Tobacco User to Non-Tobacco User.
<input type="checkbox"/> <b>Section D — CONVERT INSURANCE TO:</b> (Policy Required) Plan _____ Premium _____ Divident Election: <b>SEE SECTION E</b> Ins. Amount: _____ Effective _____ Tobacco User: _____ Non-Tobacco User: _____ Have you used tobacco products in the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO A urine specimen is required if original was not a NTU Plan. <input type="checkbox"/> Continue Remaining Insurance, or <input type="checkbox"/> Cancel Remaining Insurance <input type="checkbox"/> Continue <input type="checkbox"/> Terminate <input type="checkbox"/> Continue <input type="checkbox"/> Children's Rider <input type="checkbox"/> Children's Rider <input type="checkbox"/> WP <input type="checkbox"/> AD&D Rider <input type="checkbox"/> AD&D Rider	<input type="checkbox"/> <b>Section H — DATE CHANGE</b> <input type="checkbox"/> Change Date of Policy to _____ <input type="checkbox"/> Change Date of Birth to _____
	<input type="checkbox"/> <b>Section I — IRA ELECTION</b> <input type="checkbox"/> Direct that \$ _____ contribution be irrevocably applied to tax year 19 _____ <input type="checkbox"/> Change Annual Annuity Targeted Contribution Amount to \$ _____ Effective _____ <input type="checkbox"/> Discontinue Annuity Contribution Election
	<input type="checkbox"/> <b>Section J —</b> <input type="checkbox"/> Duplicate policy (\$25.00 Fee) <input type="checkbox"/> Policy Certificate (no charge)
	<input type="checkbox"/> <b>Section K — SPECIAL REQUEST</b> _____ _____

If the Policy requires that the above change(s) be endorsed in the Policy, it is requested that the Policy be modified to permit the change(s) without endorsement of the Policy.

Witness \_\_\_\_\_ AGENT \_\_\_\_\_ POLICYOWNER \_\_\_\_\_ DATE \_\_\_\_\_

Witness \_\_\_\_\_ My Commission Expires \_\_\_\_\_  
NOTARY PUBLIC

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 KANAWHA INSURANCE COMPANY, P O Box 610, Lancaster, SC 29721-0610

INSURED'S NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ OWNER'S SOCIAL SECURITY \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  YES  NO \_\_\_\_\_  
CITY CITY LIMITS STATE COUNTY ZIP+4

OWNER'S TELEPHONE (\_\_\_\_) \_\_\_\_\_ COMPANY IDENTIFICATION # \_\_\_\_\_

**Section A — SURRENDER OF POLICY FOR CASH VALUE**  **Section B — WITHDRAWAL OF DIVIDENDS**  
**LESS ANY INDEBTEDNESS: (Policy Required)**

Check one box:  
 Policy attached or  
 Policy is lost and cannot be found

Cash Surrender of Paid-up Additions/Accumulations  
 \$ \_\_\_\_\_ of Paid-up Additions/Accumulations

**Section C — POLICY LOAN**

\$ \_\_\_\_\_ Specify Amount  
 Maximum Loan  
 If a premium for this policy is to be deducted, specify amount \$ \_\_\_\_\_ and due date \_\_\_\_\_ .  
 (Interest is payable annually in advance of the Policy Anniversary date, at the rate stated in the policy. If the interest is not paid, it is added to the loan. The Policy Loan is a first lien on the policy.)

**Section D — WITHDRAWAL OF ANNUITY FUNDS**

\$ \_\_\_\_\_ Specify Amount: Minimum \$250/Maximum 90% of Cash Value  
 Surrender for Total Cash Value (Policy Required)  
 Check one box:  Policy attached or  Policy is lost and cannot be found.  
 Rollover  Yes  No

UNDER THE TAX EQUITY AND FEDERAL RESPONSIBILITY ACT OF 1982, WE ARE REQUIRED TO REPORT DEPOSITS AND WITHDRAWALS. KANAWHA MUST WITHHOLD 10% FEDERAL INCOME TAX ON WITHDRAWALS AND SURRENDERS. EVEN IF YOU SPECIFICALLY ELECT NOT TO HAVE FEDERAL INCOME TAX WITHHELD, YOU ARE LIABLE FOR PAYMENT OF FEDERAL INCOME TAX ON THE TAXABLE PORTION OF YOUR SURRENDER OR WITHDRAWAL. YOU MAY ALSO BE SUBJECT TO TAX PENALTIES UNDER THE ESTIMATED TAX PAYMENT RULES IF YOUR PAYMENTS OF ESTIMATED TAX & WITHHOLDING, IF ANY, ARE NOT ADEQUATE.

I do not want federal income tax withheld.  
 I want federal income tax withheld.

WITH RESPECT TO ANY FUNDS RECEIVED FOR LOAN, SURRENDER, WITHDRAWAL OF DIVIDENDS OR ANNUITY FUNDS, THE UNDERSIGNED HEREBY WARRANTS THAT NO ONE OTHER THAN THE UNDERSIGNED HAS ANY INTEREST IN OR CLAIM ON SAID POLICY AND THAT NO PROCEEDING IN BANKRUPTCY HAS BEEN INSTITUTED BY OR AGAINST THESE FUNDS.

IF ANY OF THE ABOVE REQUESTS TERMINATE THIS POLICY AND THE MARRIED NAME OF A FEMALE POLICYOWNER HAS NOT BEEN ENDORSED ON THE COMPANY RECORDS, THE SIGNING OF THE OWNER'S MAIDEN NAME IN FULL WITH THE MARRIED NAME ADDED IS REQUEST TO MAKE THE CHANGE ON COMPANY RECORDS AND TO MAKE PROCEEDS PAYABLE TO THE OWNER IN HER MARRIED NAME.

Witness \_\_\_\_\_ AGENT \_\_\_\_\_ POLICYOWNER \_\_\_\_\_ DATE \_\_\_\_\_

Witness \_\_\_\_\_ NOTARY PUBLIC \_\_\_\_\_ My Commission Expires \_\_\_\_\_

\_\_\_\_\_ SERVICING AGENT \_\_\_\_\_ DATE \_\_\_\_\_

**FOR HOME OFFICE USE ONLY**

Date Transaction Completed \_\_\_\_\_ Check Number \_\_\_\_\_ Register Clear \_\_\_\_\_