



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

POLICY SERVICE REQUEST FORM

Policy No. _____

Effective Date: _____

Insured _____

Address _____

DOB: _____ SSN _____

Phone Number _____

Email _____

Owner(if different) _____

Address _____

DOB: _____ SSN _____

Phone Number _____

Email _____

1. Change Name to: _____

Reason for Change: _____
(include legal documentation confirming change)

2. Request for Information:

[] Duplicate Policy [] Illustration [] Other: _____

3. Change Billing Mode to:

[] Monthly [] Quarterly [] Semi-Annual [] Annual

Billing Address: _____

Premium from \$ _____ to \$ _____

4. Change Beneficiary: (give name, address and relationship)

Primary: _____

Contingent: _____

5. Change Owner: (former and new owner must sign)

Name: _____

Address _____

DOB: _____ SSN _____

Phone Number _____

Email _____

6. Reduce Disability Income Policy

Monthly Benefit to: _____

Remove Rider: _____

Increase Elimination Period to: _____

7. Decrease Life Policy (WL not applicable)

Face amount to \$ _____

8. Cancel Benefit/Rider on Life Policy

Name of Rider: _____

9. Option Change for UL

Level _____

Increasing _____

10. Process Partial Surrender for UL

For \$ _____

Maximum Available _____

11. Process Policy Loan

For \$ _____

Maximum Available _____

Have premiums applied as _____

Loan repayment _____

12. Terminate Policy [] Surrender [] Cancel

13. Special Requests: _____

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

Assignee, New Owner or other required signature

(For Home Office use only) ACKNOWLEDGEMENT

The company has processed the change(s) requested and has filed the request form. Illinois Mutual Life Insurance Company

Dated: _____

By: _____

Authorized Person

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.

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