



POLICY SERVICE REQUEST FORM

Policy Number _____

INSURED'S INFORMATION

Name _____
 Address _____
 DOB _____ SSN _____
 Phone Number _____
 Email _____

OWNER'S INFORMATION (if different)

Name _____
 Address _____
 DOB _____ SSN _____
 Phone Number _____
 Email _____

1. Change Name to _____
 Reason for Change _____
 (include legal documentation confirming change)
 2. Request for Information:
 Illustration Other _____

3. Change Billing Mode to:
 Monthly Quarterly Semi-Annual Annual
 Billing Address _____
 4. Reduce Disability Income Policy
 Monthly Benefit to _____
 Remove Rider _____
 Increase Elimination Period to _____
 5. Decrease Life Policy (WL not applicable)
 Face amount to \$ _____
 6. Cancel Benefit/Rider on Life Policy
 Name of Rider _____
 7. Option Change for UL
 Level _____
 Increasing _____
 8. Terminate Policy Surrender Cancel
 9. 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

 Date

 Assignee or other required signature

 Date

**(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. 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.
3. 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.
4. 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.