



CLC

Life Insurance

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CHANGE AND SERVICE REQUEST

CERTIFICATE #: _____

COUNCIL #: _____

NAME OF INSURED: _____

1 () **CHANGE OF ADDRESS** – Record the following change of address effective _____
Street Address: _____
City, State and Zip Code: _____
Phone #: _____

2 () **CHANGE OF NAME** - Record the following change of name for the insured:
From: _____ To: _____
Reason for Change: Marriage Divorce Adoption Other: _____
First Middle Initial Last

3 () **CHANGE OF OWNERSHIP*** - Record the following transfer of ownership on this insurance certificate:
Name of New Owner: _____ SSN/EIN _____
Address: _____

CONTINGENT OWNER – Record the following contingent owner
Name: _____ SSN/EIN _____
Address: _____

All rights, titles and interest in this policy are transferred to the new owner. This transfer is subject to any policy loans. The change of ownership does not change the beneficiary unless indicated in Part 4 – Change of Beneficiary. Any existing owner’s designee or contingent owner is revoked.

***Change of ownership may be a taxable event. Please contact a tax professional before transferring ownership. If owner is a Trust, please provide a copy of the Trust.**

4 () **CHANGE OF BENEFICIARY** – Record the following change(s) of beneficiary.

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Primary/ Contingent</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby revoke all other and former designations of beneficiary for this policy. All rights of the beneficiary under the certificate(s) are hereby transferred to the new beneficiary. This change will take effect on the date this request is signed by the Owner and accepted by the Catholic Ladies of Columbia. **Please list additional beneficiary(s) on reverse side. If Beneficiary is a Trust, please provide a copy of the Trust.**

5 () **LOST CERTIFICATE** - Request for issue of a replacement/duplicate certificate. **Cost \$ 10.00**
The original of this certificate has been lost or destroyed. To the best of my knowledge, the certificate is not in the possession of any other person or firm. It is understood that the Catholic Ladies of Columbia will be held harmless and free from all claims as a result of the issuance of a duplicate certificate. If the lost certificate is found, it should be returned to Home Office or destroyed.

6 () **CHANGE OF PREMIUM MODE:**
Annual _____ Semi-annual _____ Quarterly _____ *Monthly _____
***Check-O-Matic ONLY - Submit a sample voided check with the Check-O-Matic Authorization Form**

SIGNATURE REQUIRED ON REVERSE SIDE

7. () **CHANGE OF CHECK-O-MATIC***: Please change the following:
Bank Change: Name _____ Address: _____
***Submit a sample voided check with the Check-O-Matic Authorization Form .**
Terminate Check-O-Matic Effective: _____
Have you cancelled Check-O-Matic authorization (stopped payment) with your bank? ___No ___Yes-Date_____

8. () **TERMINATION OF RIDER:** Payor Waiver _____ ADBP _____ PUA Rider _____
Certificate is required for termination of rider

9. () **CHANGE OF DIVIDEND OPTION:** Please record the following option for future dividends payable on my certificate.
PUA _____ PUA Rider _____ Cash _____ Reduce Prem. _____ Accum. Interest _____

10. () **SURRENDER REQUEST – FULL OR PARTIAL:**
_____ Surrender the certificate for its cash value less any indebtedness to the Society
Certificate must accompany surrender request
_____ Payment of cash value of paid up dividend additions: Full Amount _____ or \$ _____
No further action is required – a check will be mailed to you
_____ Paid Up Additions Rider Surrender: Full _____ or Partial \$ _____
Have you cancelled Check-O-Matic authorization (stopped payment) with your bank? ___No ___Yes-Date_____

11. () **TRANSFER OF MEMBERSHIP:** From Co. # _____ to Co. # _____ City _____

12. () **CHANGE OF AGENT:** From Agent: _____ to Agent: _____

13. () **MISCELLANEOUS:**

This section may be used to further explain any requests made in other parts of this form or to make other requests.

_____	_____	_____
Signature of Rightsholder	Social Security #	Phone #
_____	_____	_____
Address	Signature of Witness	
_____	_____	
City, State and Zip Code	Date	

HOME OFFICE PERSONNEL USE ONLY

Pending Transaction: Contact:	_____ Certificate Holder	_____ Agent	_____ Home Office
Completed Transaction: Sent to:	_____ Certificate Holder	_____ Agent	_____ Home Office

_____	_____	_____
Home Office Personnel- Print	Signature	Date