



Life Insurance

700 Taylor Road		Suite 280	Gahanna, OH 43230-3320
614.944.4743	•	800.845.0494	· Fax: 614.944.4748

CHANGE AND SERVICE REQUEST

NAME OF INSURED:

CERTIFICATE #:_____ COUNCIL #:

1	()	CHANGE OF ADDE Street Address: City, State and Zip Phone #:					
2.	()	CHANGE OF NAMI From:		To: First	Middle Init	ial Last	
			Reason for Change:	Marriage	Divorce	Adoption	Other:	
3.	() CHANGE OF OWNERSHIP* - Record the following transfer of Name of New Owner:SS Address:SS						EIN	
			CONTINGENT OW Name: Address:				/EIN	
			All rights, titles and into loans. The change of ov Any existing owner's de *Change of ownership If owner is a Trust, plea	wnership does i signee or contin may be a taxa	not change the ben ngent owner is revo ble event. Please	eficiary unless indi oked.	icated in Part 4 – Char	nge of Beneficiary
4.	()	CHANGE OF BENE	FICIARY –	Record the follow	ving change(s) of	beneficiary.	
Name				Address			Relationship	Primary/ Contingent
hereby	trar tholi	sferr c Lac	all other and former desig ed to the new beneficiary. lies of Columbia. Please st.	This change w	vill take effect on the	he date this request	is signed by the Own	er and accepted by
5.	()	LOST CERTIFICAT The original of this cert possession of any other and free from all claims returned to Home Office	ificate has been person or firm as a result of th	n lost or destroyed. It is understood	. To the best of m that the Catholic L	y knowledge, the certi adies of Columbia wil	ll be held harmless

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 Fo						

SIGNATURE REQUIRED ON REVERSE SIDE

Home	Offi	Home Office Personnel- Print Sig			Date				
ном	Pe	endin	CE PERSONNEL USE ONLY og Transaction: Contact: eted Transaction: Sent to:	Certificate Holde	U	Iome Office Iome Office			
			Address City, State and Zip Code		Signature of Wi	tness			
			Signature of Rightsholder	Soc	ial Security #	Phone #			
			This section may be used to furthe						
13.	()	MISCELLANEOUS:						
12.	()	CHANGE OF AGENT: From	m Agent:	to Agent:				
11.	()	TRANSFER OF MEMBERS	SHIP: From Co. #	to Co. # 0	City			
			Payment of cash val No further a	ue of paid up dividend a ction is required – a check ider Surrender: Full	additions: Full Amount will be mailed to you or Partial \$				
10.	()			ss any indebtedness to the S	Society			
9.	()	CHANGE OF DIVIDEND O my certificate. PUA PUA Rider						
8.	()	TERMINATION OF RIDEI Certifica	R: Payor Waiver te is required for term		PUA Rider			
			*Submit a sample voided check Terminate Check-O-Matic Effe Have you cancelled Check-O-M	·		nk?NoYes-Date			
7.	()	CHANGE OF CHECK-O-MATIC*: Please change the following: Bank Change: Name Address:						