



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\_\_\_\_\_**

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

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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 \_\_\_\_\_

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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\_\_\_\_\_**

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

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

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13. ( ) **MISCELLANEOUS:**

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

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

**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