



Financial Group®

Personal Service Center
PO Box 5048 MIR1
Hartford CT 06102-5048
Fax 860 466-2835

Life Policy Service Request

Policy Owner Information

If more than two policies exist, complete an additional form.

The policies listed must be owned by the same person or corporation.

Policy Owner's name _____

Social Security no. _____

Phone no. _____

Address _____

City, State, ZIP _____

Insured's name _____

Policy no. _____

Insured's name _____

Policy no. _____

If the policy is owned by a corporation/company, please submit Board Resolution with the requested change.

Change of Ownership

An ownership change does not change existing beneficiary designations. Notices will be sent to the address of the first policy owner listed.

If two or more policy owners are named, check the appropriate box:

Joint owners with right of survivorship between them

Common owners with no right of survivorship between them

All assignable benefits, interests, property, and rights will be assigned as follows:

New Policy Owner's name _____

Social Security no. _____

Birth date _____

Address _____

City, State, ZIP _____

Policy Owner's name *(If two or more exist)* _____

Social Security no. _____

Birth date _____

Policy Owner's name _____

Social Security no. _____

Birth date _____

If there will be a contingent owner, please complete the following section.

Contingent owner's name _____

Social Security no. _____

**If changing ownership to a trust please include a verification of trust.*

Release of Interest

By signing below, you release all rights, title and interests in the policies above, and release the Company from any claims under the policies.

Signature _____

Collateral assignee

Beneficial

Other _____

Community Property Release

Community property release - This section is applicable for community property states (AZ, CA, ID, LA, NV, NM, TX, WA). Determination of Community Property status depends on the current or former resident state of the policy owner.

By signing below, I the spouse/former spouse agree to the changes indicated above and:

- _____ I give up my rights to this policy according to the community property laws in my state.
- _____ I do not give up my rights to this policy.

Spouse's Signature _____ Date _____
 Name (print or type) _____

If you do not give up your rights to this policy the proceeds will be made payable to the policy owner and spouse.

Name/Address Change

This change applies to:

- Insured
- Owner
- Assignee
- Other _____ Birth date _____

If you are changing the address of the insured or the policy owner, notices will be sent to the new address.

You are changing your name

From _____ To _____

Reason for name change:

- Marriage
- Divorce (Attach copy of decree)
- Court order (Attach copy)
- Naturalization - naturalization no. _____
- Other _____

New address _____

City, State, ZIP _____

Premium Payment Mode Change

Select one:

- Direct billing (select one)
 - Quarterly
 - Semi-annually
 - Annually
- No bill/Discontinue premium notices

Planned Periodic Payment Change for Universal Life

Indicate the new periodic payment you would like to be billed for \$ _____
(This payment amount will be indicated on your payment notice.)

Signatures

If more policy owners exist, attach an additional sheet which must be dated and signed.

By signing below, you, the policy owner, certify that you have read this request and understand that it is subject to the provisions and conditions of the policies listed. The requested change will be effective when it is received at the home office. Should a policy require endorsement of a change, the change will be effective when the policy is endorsed. You also certify that the policies are not assigned to any other person or corporation, except where otherwise noted on this request, and that no proceedings of bankruptcy or insolvency have been filed or are currently pending against you. The Company reserves the right to require additional information as needed.

Policy no. _____

Policy Owner's Signature _____ Title* _____ Date _____

Policy Owner's Signature _____ Title* _____ Date _____

Assignee Signature _____ Title* _____ Date _____

New Owner's Signature _____ Title* _____ Date _____

New Owner's Signature _____ Title* _____ Date _____

The new owner's signature is required for a change in ownership.

Complete if a corporation, partnership, association or trust. Two officer's signatures and their titles are required for corporate owned policies. If additional owners exist, please add on a separate sheet of paper.