



CLC

Life Insurance

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CHANGE AND SERVICE REQUEST

Any Certificate Issued Prior to 1985 Must Accompany this Change and Service Request

NAME OF INSURED: _____ **CERTIFICATE #:** _____
COUNCIL #: _____

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 _____
City, State and Zip: _____
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.

OWNERSHIP CANNOT BE TRANSFERRED ON CLC ANNUITIES AND IRAS.

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

Primary	Primary
Name _____	Name _____
Relationship _____	Relationship _____
Primary	Primary
Name _____	Name _____
Relationship _____	Relationship _____
Contingent	Contingent
Name _____	Name _____
Relationship _____	Relationship _____

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.**

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.

LOST POLICY #: _____ **REPLACEMENT #:** _____

SIGNATURE REQUIRED ON REVERSE SIDE

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**

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. () **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	

AGENT OR HOME OFFICE PERSONNEL

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

Print - Agent or Home Office Personnel

_____ Agent Number	_____ Date
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