

# Miscellaneous Change Request



**FARMERS**  
LIFE INSURANCE

Insured's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

<input type="checkbox"/> <b>Change Mode of Payment to:</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> BCP (Please attach a signed Bank Authorization) A surcharge may apply for payments other than annual.	<input type="checkbox"/> <b>Change Nonforfeiture Option to:</b> <input type="checkbox"/> Extended Term Insurance Option (ETI) <input type="checkbox"/> Reduced Paid-Up Insurance Option (RPU)
<input type="checkbox"/> <b>Reduce Face Amount</b> Reduce face amount to \$ _____ Additional benefits or riders, if applicable, may be reduced proportionately. The Automatic Increase Benefit, if applicable, will terminate.	<input type="checkbox"/> <b>Place Policy on:</b> <input type="checkbox"/> Extended Term Insurance Option (ETI) <input type="checkbox"/> Reduced Paid-Up Insurance Option (RPU)
<input type="checkbox"/> <b>Remove Benefit or Rider</b> <input type="checkbox"/> Remove the _____ benefit <input type="checkbox"/> Remove the _____ rider	<input type="checkbox"/> <b>Policy Loan *</b> <input type="checkbox"/> Send a check for \$ _____ <input type="checkbox"/> Send a check for maximum amount possible <input type="checkbox"/> Pay _____ premium due <input type="checkbox"/> Add Automatic Premium Loan (APL) option <input type="checkbox"/> Withhold taxes <input type="checkbox"/> Do not withhold taxes Please refer to the policy contract for option availability and descriptions. Any outstanding loan must be paid prior to processing the new loan.
<input type="checkbox"/> <b>Correct Age</b> (Please send policy and proof of age) Correct age of Insured <input type="checkbox"/> Age on policy _____ <input type="checkbox"/> Age should be _____ <input type="checkbox"/> Date of birth _____	<input type="checkbox"/> <b>Policy Surrender *</b> Surrender policy for cash value, if any, less any outstanding loan (Please send policy) <input type="checkbox"/> Withhold taxes <input type="checkbox"/> Do not withhold taxes
<input type="checkbox"/> <b>Deposit Fund Withdrawal</b> <input type="checkbox"/> Send a check for \$ _____ <input type="checkbox"/> Send a check for the total amount in my fund	<input type="checkbox"/> <b>Partial Surrender/Withdrawal *</b> <input type="checkbox"/> Send a check for \$ _____ <input type="checkbox"/> Send the maximum available <input type="checkbox"/> Withhold taxes <input type="checkbox"/> Do not withhold taxes
<input type="checkbox"/> <b>Annuity</b> <input type="checkbox"/> Send a withdrawal check for \$ _____ <input type="checkbox"/> Send total amount available, less funds needed to keep policy in force. <input type="checkbox"/> Surrender policy (Please send policy with request) <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Other _____ Withdrawals are subject to policy minimums and may be subject to penalties and IRS tax withholding <input type="checkbox"/> Withhold taxes <input type="checkbox"/> Do not withhold taxes <input type="checkbox"/> Payment for Tax Year _____	<input type="checkbox"/> <b>Change address to:</b> <input type="checkbox"/> Residence/Mailing <input type="checkbox"/> Billing
<input type="checkbox"/> <b>Conversion</b> (To add benefits or riders, please use the Application for Policy Change/Reinstatement.) <input type="checkbox"/> Basic <input type="checkbox"/> Rider <input type="checkbox"/> Both <b>Universal Life only</b> to _____ plan      Death Benefit Option: Face Amount \$ _____ <input type="checkbox"/> Option A Lump Sum Payment \$ _____ <input type="checkbox"/> Option B Mode of Billing _____ Planned Premium to be billed \$ _____ If required, is a sales illustration attached? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Add Accelerated Benefit Rider for Terminal Illness, if available. (Complete ABR-TI disclosure form, available on LifeNet, if required.)	

\_\_\_\_\_  
Signature of Policy Owner (Required)      Date      ( ) -  
Policy Owner Daytime Phone No.

\_\_\_\_\_  
Signature of Co-Owner, if applicable      Date      \_\_\_\_\_  
Agent Name      Agent No.

\_\_\_\_\_  
Signature of Spouse (If Community Property State)      Date      ( ) -  
(where required in community property states when a person      Agent Phone No.

other than Policy Owner's spouse is named as Primary Beneficiary)  
**Farmers New World Life Insurance Company**  
 3003 77<sup>th</sup> Avenue S.E., Mercer Island, WA 98040-2890 / (206) 232-8400  
 Columbus Life Office: PO Box 182325, Columbus, OH 43218-2325 / (614) 764-9975  
 Variable Policy Service Office: PO Box 724208, Atlanta, GA 31139