Colonial Life

Request for Service Form



FAX this direction

FAX this form: **1-800-561-3082**

Or mail: P.O. Box 1365, Columbia, SC 29202

From:			
Number	of pages:		

Please check of Section 1 – General informat	only the boxes that			-		equesting.	
Insured's name: (As currently listed on the policy/certificate)		DOB:	/	_/	SSN:		
Address:					State:	ZIP:	
Telephone: Mobile:			Email:				
List all policy/certificate numbers related to th (Required to process)	is request:						
Employer:							
☐ Section 2 – Name change							
Previous: Current:				Reason: [☐ Marriage	e/Divorce Correction* Other*	
*A copy of legal documentation is required unle Section 3 – Address change		eason or mama	age or divorce.		T		
Address:		City:			State:	ZIP:	
Telephone: Mobile:			Email:				
Section 4 - Premium paymer	nt method change (se	lect only ON	IE option)				
1. Deduct premiums monthly from 1 st-5th 6th-10th 11th-1 Your draft will occur on one of the dates within	my bank account. 5th 16th-20th 21st-26th				Oi to a bound		
Routing#	_ and Account #				Signature	of bank account owner	
2. Bill me directly. (Choose one of the Quarterly (Submit a payment 3 times your month		Semi-annument 6 times you	ually ur monthly premiu	m) (Sı	ıbmit a payı	☐ Annually ment 12 times your monthly premium)	
3. Change to payroll deductions (P	Please contact your Plan Administrator	to start payroll de	eduction.)				
Employer:			Billing contro	l/account num	ber:		
Section 5 - Cancellation, Sur	rrender or Policy/Cert	tificate Ch	ange (also	complete	section	8 for surrender's only)	
\square Cancel/surrender the policy(ies)/cert	ificate(s) (This option will cancel	or cash surren	der your policy(ie	es)/certificate(s).)		
policy(ies)/certificate(s):			Dependent Rider (This will cancel cover dependents.) List date of birth of youngest of				
		(MM/DD/YYYY				(D	
☐ Change Two-Parent to Individual ☐ Provide name, date of birth (DOB) and Social	Change Two-Parent to One-Pa					pouse/Dependent Continuation	
Name:			DOB:	ore space is file	Jucu, picas	SSN:	
Name:			DOB:			SSN:	

Select either section 6 or 7 per policy number, NOT both.

Section 6 -	Policy loan (complete see	ction 8)					
Please select ONE option per	☐ I am requesting a policy loan for the following amount: \$					If the amount requested is more than the available cash value,	
policy number.	\square I am requesting a policy loan for the maximum amount available.					we will process this request for the maximum amount available.	
Policy loans are ava	x also if you are requesting infor ailable on select life policies only. M nformation regarding repayment of	linimum loan amounts may	apply as stated in your polic			al interest notices until the loan	
Section 7 -	Withdrawal/partial su	I rrender (Universal Li	fe policy) ~ (complete	section 8)			
Please select ONE option per policy number.	□ I am requesting a policy withdrawal/partial surrender for the following amount: \$					the amount requested is more an the available cash value,	
	$\hfill \square$ I am requesting a policy withdrawal/partial surrender for the maximum amount available.					we will process this request for the maximum amount available.	
as stated in your po	hdrawal/partial surrender is allowed blicy contract. Policy withdrawals/pa process the request as a policy loar	artial surrenders are availab					
Section 8 -	Tax withholding option	1S					
If an option is no will automaticall I DO NOT want t withheld in conj partial surrende I DO want to have withheld in conj	ne following options. In the selected, a withholding lay be made. In have Federal Income Tax included in the surrender of the service of the	of any recognized gain for retirement plan. Under certain criteria of surrender, partial surre income for the current tax If a gain is reportable the recognized gain, and surrender, partial surrender reportable, the insurer is have the tax withheld. You	er tax-qualified products un a established by the Treasur ender or withdrawal of this p k year. e, an IRS Form 1099R will b a copy of IRS Form 1099R viler or withdrawal is processorequired to withhold 10% of	ry Department, olicy, creating a sent to you a will be sent to ted, an IRS Forn of any recognizes under the es	a gain may be repart a taxable situation the lRS. If a gain is a 1099R will not be ted gain, unless the timated tax paym	e sent. In addition, if a gain is ne policy owner elects not to ent rules if you elect not to have	
Section 9 -	Other requests or rem	arks					
				-			
Section 10	- Signatures required	(this section MUST be	e complete in order fo	or us to proc	ess your reque	est)	
if the policy premi	r Residents of a Community Prope ums were paid with community func received and 2) ensure that your spo come payable.	ds. It is your responsibility to	consult your legal advisor t	o 1) ensure tha	t any required con	sent from a spouse or former	
certificate and that or corporation, ex	ad this request and agree that it is p at the company may require addition cept where stated in the request, and a of birth indicated are correct, and	onal information or requirent and that no proceedings or ba	nents. I certify that the poli ankruptcy or insolvency hav	icy/certificate re been filed or	is not pledged or a	assigned to any other person	
	Policy/certificate	owner's signature			Date (MN	//DD/YYYY)	
Assignee's signature	e (if any):			Date (MM/DD	/YYYY):		
Policy/certificate ow information	rner's Print name:			DOB:/ SSN		SSN:	
Address:			City:	State: ZIP:		ZIP:	
Telephone: Email:							