

# Request for Service

## 1. General Information

Insured's name as currently listed on the policy: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

List all policy numbers related to this request: \_\_\_\_\_  
\_\_\_\_\_

Group Name: \_\_\_\_\_ Billing Control Number: \_\_\_\_\_

## 2. Name Change

Previous Name: \_\_\_\_\_ Current Name: \_\_\_\_\_

Reason:  Correction  Marriage/Divorce  Other *Please attach copy of legal evidence.*

## 3. Address Change

Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 4. Beneficiary Change

I would like to correct or change my beneficiary. Please send me the necessary Beneficiary Designation Form.

## 5. Payment Method Change

You may choose from two easy payment methods. Please select one:

Please deduct monthly premiums from my checking account.

Please attach a voided check and circle one range of days you would like your checking account to be drafted.

Range: [A] 1st - 5th [B] 6th - 10th [C] 11th - 15th [D] 16th - 20th [E] 21st - 25th

Your draft will occur within the date range you select.

Signature of checking account owner: \_\_\_\_\_

Please bill me directly. Choose one of the following:

Quarterly (*Submit a payment three times your monthly premium.*)

Semi-annually (*Submit a payment six times your monthly premium.*)

Annually (*Submit a payment 12 times your monthly premium.*)

## 6. Cancellation, Surrender or Policy Change *You must also complete Sections 9 and 10 on the reverse side.*

Cancel the policy(s).

Surrender the policy and roll over the cash value to: \_\_\_\_\_

Cancel the following riders on the policy(s):  Spouse  Dependent  Other \_\_\_\_\_

Change Two-Parent to One-Parent  Change Two-Parent to Individual  Change One-Parent to Individual

*Please contact your First Unum representative or call 1-800-375-8226 if you wish to add a family member.*

## 7. Policy Loan *You must also complete Section 9 on the reverse side.*

I am requesting a policy loan for the following amount: \$ \_\_\_\_\_

I am requesting a policy loan for the maximum amount available.

By signing on the reverse side, I hereby assign the policy to the insurer as collateral.

*Policy loans are available on life policies and cash value riders only. You will receive annual loan interest notices until the loan is fully repaid.*

**CONTINUED ON REVERSE SIDE**  
**First Unum Life Insurance Company**

**8. Withdrawal/Partial Surrender (Universal Life Policy)** *You must also complete Sections 9 and 10.*

- I am requesting a policy withdrawal for the following amount: \$ \_\_\_\_\_
- I am requesting a policy withdrawal for the maximum amount available.

*Only one policy withdrawal is allowed per year for a minimum of \$100. The minimum amount allowed for a partial surrender is \$500. There will be a processing fee of \$25 or as stated in your policy. If your policy is not a universal life policy and you request a policy withdrawal, we will process the request as a policy loan.*

**9. Community Property Release**

*Spouse's/former spouse's signature is required in states of California, Texas, Arizona, Idaho, New Mexico, Washington, Nevada, Louisiana, Hawaii, and Wisconsin.*

By signing below, I, the spouse/former spouse, agree to the cancellation, surrender, change, loan or withdrawal indicated above.

Signature of spouse/former spouse \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_  
(MM/DD/YYYY)

**10. Tax Withholding Options**

*Please read and complete this section if you are requesting a surrender or withdrawal.*

Election of a tax withholding option is not available for tax-qualified products. The insurer is required to withhold 20% of any recognized gain for tax-qualified products unless proceeds are rolled directly into an IRA or other qualified retirement plan.

Under certain criteria established by the Treasury Department, a gain may be reportable by the insurer at the time of surrender, partial surrender or withdrawal of this policy, creating a taxable situation. However, any gain is taxable income for the current tax year.

If a gain is reportable, an IRS Form 1099R will be sent to you at the beginning of the next calendar year, reporting the recognized gain, and a copy of Form 1099R will be sent to the IRS. If a gain is not reportable when the surrender, partial surrender or withdrawal is processed, an IRS Form 1099R will not be sent. In addition, if a gain is reportable, the insurer is required to withhold 10% of any recognized gain, unless the policy owner elects not to have the tax withheld. You may be subject to penalties under the estimated tax payment rules if you elect not to have tax withheld and payments of estimated tax and other withholding are not adequate to satisfy tax liability.

*Choose one of the following options. If an option is not selected, a withholding will automatically be made.*

- I DO NOT want to have Federal Income Tax withheld in conjunction with this surrender/partial surrender/withdrawal.
- I DO want to have Federal Income Tax withheld from the surrender/partial surrender/withdrawal proceeds.

*Please provide your Social Security Number. If it is not provided, a withholding will automatically be made.*

By signing below, I certify the Social Security Number indicated here is correct, and I hereby authorize First Unum to execute the above request.

Policy owner's Social Security Number: \_\_\_\_\_

**11. Other Requests or Remarks**

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**12. Signatures Required**

I have carefully read this request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that the company may require additional information or requirements. I certify that the policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings or bankruptcy or insolvency have been filed or are now pending.

Policy owner's signature \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Policy owner's address \_\_\_\_\_

Assignee's signature (if any) \_\_\_\_\_

Witness \_\_\_\_\_

Dated and signed at (city, state) \_\_\_\_\_ Date \_\_\_\_\_  
(MM/DD/YYYY)

**PLEASE BE SURE TO SIGN AND DATE. MAIL TO:**  
**First Unum Life Insurance Company, Processing Center, P.O. Box 100172, Columbia, SC 29202-3172**  
**1-800-375-8226**