



POLICY SERVICE REQUEST FORM

Policy Number _____

INSURED'S INFORMATION

Name _____

Street Address _____

City _____

State _____

Zip _____

DOB _____

SSN _____

Phone Number _____

Email _____

OWNER'S INFORMATION (if different)

Name _____

Street Address _____

City _____

State _____

Zip _____

DOB _____

SSN _____

Phone Number _____

Email _____

1. Change Name to _____

Reason for Change _____
(include legal documentation confirming change)

2. Request for Information:

☐ Illustration ☐ Other _____

3. Change Billing Mode to:

☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

Billing Address _____

4. Reduce Disability Income Policy

Monthly Benefit to _____

Remove Rider _____

Increase Elimination Period to _____

5. Decrease Life Policy (WL not applicable)

Face amount to \$ _____

6. Cancel Benefit/Rider on Life Policy

Name of Rider _____

7. Option Change for UL

Level _____

Increasing _____

8. Terminate Policy ☐ Surrender ☐ Cancel

9. Special Requests _____

The provisions below are a part of this form, and I (we) acknowledge that I (we) have read and understand those which are relevant to the request being made.

Policyowner

Date

Assignee or other required signature

Date

(For Home Office use only) ACKNOWLEDGEMENT

The company has processed the change(s) requested and has filed the request form.

Illinois Mutual Life Insurance Company

Dated: _____

By: _____
Authorized Person

AGREEMENT

1. This combination Policy Service Request is provided for the convenience of policyowners and agents. If a request cannot be honored without additional information or forms, those will be provided by Illinois Mutual (the Company).
2. For a request for **cash surrender**, the owner warrants that no insolvency or bankruptcy proceedings are pending. The date upon which the Company receives the form at its Home Office is the date upon which the net surrender cash value is determined and the date upon which the death benefit and other provisions of the policy terminate.
3. Any request for **cancellation of riders or reductions in face amount** will be effective when this form is received by the Company at its Home Office. **Any addition of riders or increases in face amounts** are subject to satisfactory evidence of insurability and approval by the Company.
4. The owner agrees that the Company may waive any provision requiring that the **policy be presented for change** and that the Company may require presentation of the policy for certain changes.

Policyowner is to attach this approved copy of this form to the policy.