

Miscellaneous Change Request



FARMERS
LIFE INSURANCE

Insured's Name _____

Policy Number _____

Policyowner's Signature Is Required To Complete Change. Please mark the box(es) below for the change(s) desired. Confirmation will be sent upon completion of the requested change(s), to the policyowner's address, as noted below.

Change Mode of Payment to:
 Annual Semiannual Quarterly Monthly
 BCP (Attach a signed Bank Authorization)
Note: A surcharge may apply for payments other than annual.

Reduction of Face Amount
 Reduce face amount to \$ _____
Note: The Monthly Disability Benefit, if applicable, will be reduced proportionately. The Automatic Increase Benefit, if applicable, will terminate.

Removal of Benefit or Rider
 Remove the _____ benefit
 Remove the _____ rider

Correction of Age (Please send policy and proof of age)
 Correct age of: Insured Beneficiary
 Age on policy _____
 Age should be _____
 Date of birth _____

Deposit Fund Withdrawal
 Send a check for \$ _____
 Send a check for the total amount in my fund

Annuity
 Send a withdrawal check for \$ _____
 Send total amount available, less funds needed to keep policy in force.
 Surrender policy (Please send policy with request)
 Transfer Rollover Other _____
Note: Withdrawals are subject to policy minimums and may be subject to penalties and IRS tax withholding
 Please withhold taxes Do not withhold taxes
 Payment for Tax Year _____

Conversion (To add benefits or riders, please use the Application for Policy Change/Reinstatement)
 Basic Rider Both
 to _____ plan **Universal Life only**
 Face Amount \$ _____ Death Benefit Option:
 Lump Sum Payment \$ _____ Option A
 Mode of Billing _____ Option B
 Planned Premium to be billed \$ _____
 If required, is a sales illustration attached? Yes No

 Add Accelerated Benefit Rider, if available.
 Yes – I, the Policy Owner, accept this Accelerated Benefit Rider. Complete ABR disclosure form, if required.
 No – I, the Policy Owner, do not wish to accept this Accelerated Benefit Rider. I understand that I am waiving all rights under this form and cannot request the benefit at a future date.

Change Nonforfeiture Option to: _____
 Place Policy on:
 Extended Term Insurance Option (ETI)
 Reduced Paid-Up Insurance Option (RPU)

Policy Loan *
 Send a check for \$ _____
 Send a check for maximum amount possible
 Pay _____ premium due
 Add Automatic Premium Loan (APL) option
 Please withhold taxes Do not withhold taxes

Please refer to the policy contract for option availability and descriptions. Any outstanding loan will be paid prior to processing the new loan.

Policy Surrender *
 Surrender policy for cash value, if any, less any outstanding loan (Please send policy)
 Please withhold taxes Do not withhold taxes

Partial Surrender/Withdrawal *
 Send a check for \$ _____
 Send the maximum available
 Please withhold taxes Do not withhold taxes

Other Request: _____

*** Taxable distribution if your policy is a Modified Endowment Contract under TAMRA regulations or has taxable gain.**

Please provide your current mailing address and sign below to authorize the request.

Check box if address is new

Name _____

() - _____
 Policyowner Daytime Phone No.

Street Address _____

Signature of Policyowner (Required) _____ Date _____

City, State, ZIP Code _____

Signature of Spouse (If Community Property State) _____ Date _____

Agent _____ Agent No.

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Agent Phone No. () - _____

Farmers New World Life Insurance Company
 3003 77th 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