REQUEST FOR SERVICE

FIDELITYLIFE
Established 1896

Complete this section for all requests		
(Social Security #)	Insured Name (First, Middle, Last):	Employer Name:
(Certificate #)	Certificate Holder Name (First, Middle, Last):	Employer ID #:

COMPLETE THE APPROPRIATE SECTION

☐ **1. ADDRESS CHANGE:**

If changing the address for two or more individuals to the same address, check all appropriate boxes.

ADDRESS CHANGE for: ☐ Insured ☐ Certificate Holder (Certificate Holder) ☐ Payor ☐ Secondary Addressee

Name: _____

Address: _____
(Street)

_____
(City/State/ZIP Code)

Day Phone #: (_____) _____ Evening Phone #: (_____) _____

☐ **2. NAME CHANGE (Legal Proof of Name Change is required):**

To change the name of a Beneficiary or Assignee, use the beneficiary and assignment forms.

Change name of: ☐ Insured ☐ Certificate Holder ☐ Payor ☐ Secondary Addressee

_____ _____
From (*Former Name - Please Print*) To (*New Name - Please Print*)

Reason for Change: ☐ Marriage ☐ Divorce or resumption of former name
☐ Other _____
(*Please sign on the reverse with your new name*)

☐ **3. CERTIFICATE LOAN:**

Check "Partial loan amount" if you wish to specify an amount and do not wish to take a maximum loan.

(Any loan against the contract will reduce the death benefit and could cause your contract to terminate prematurely.)

☐ Maximum loan amount available ☐ Partial loan amount $ _____

☐ **4. REDUCTION IN BENEFITS:**

☐ Cancel Accidental Death Rider ☐ Cancel Waiver Provision
☐ Cancel Children's Term Rider ☐ Other_____

☐ **5. SURRENDER OF CERTIFICATE:**

Proceeds may be subject to federal and state income tax.

☐ Total Surrender (*may be subject to company imposed surrender penalties*)* $ _____
☐ *I Do ☐ *Do Not wish to have Federal Income Tax withheld from my proceeds.

☐ **6. INCREASE/CORRECTION IN BENEFITS:**

Please complete and sign the attached application forms.

An increase in benefits is not guaranteed and is subject to underwriting approval.

☐ Change Tobacco/Nicotine Status: (*see attached Tobacco/Nicotine Use Questionnaire*) ☐ Add Rider

☐ **7. REQUEST DUPLICATE CERTIFICATE:**

Complete this section if original Certificate was lost.

☐ Please send me a Confirmation of Insurance Coverage at no charge.
☐ Please send me a complete Duplicate Certificate (*Please enclose $25.00 handling fee with request*).

SIGNATURES ON REVERSE

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☐ **8. CHANGE NON-PAYMENT OF PREMIUM OPTION :**

If I stop paying premiums when due after a cash value is first available, I elect the following option.

Check One:
- ☐ Automatic Premium Loan (APL) *Graded Death Benefit Whole Life only*
- ☐ Reduced Paid Up Insurance (RPU) *Graded Death Benefit Whole Life only*
- ☐ Paid Up Term Insurance (PUT) *LifeTime Benefit Term only*

☐ **9. PREMIUM/BILLING CHANGES to billing method or premium amount:**

If selecting pre-authorized checking, complete the authorization in Section 10 and attach a voided check.

New Premium Mode: ☐ Pre-authorized deductions from checking ☐ Direct Bill

New Premium Frequency: ☐ Quarterly ☐ Semi-annually ☐ Annually

☐ **10. AUTHORIZATION FOR DEDUCTIONS FROM CHECKING:**

Complete and sign this section only if you selected pre-authorized deductions from your checking account.

I hereby authorize Fidelity Life Association to initiate premium deductions from my checking account. My bank is authorized to honor these drafts as if each were signed by me. This authorization shall remain in effect until revoked by me in writing and until my bank shall have received such notice. I agree that my bank shall be fully protected in honoring such draft. In order to stop payment I must notify my bank in writing at least three (3) business days prior to the scheduled payment date. I agree that if any such check be dishonored whether with or without cause, my bank shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

_____ Name of Bank	_____ Account Number	_____ Draft Day
_____ Bank Address	_____ Signature of Depositor	_____ Date
_____ City, State, Zip Code	Attached **"VOID"** Sample Check	_____ Combine with Certificate #

☐ **11. OTHER CHANGES/COMMENTS:**

Complete this section to indicate any other contractual changes not covered elsewhere in this form except:

- **to change a Beneficiary or Assignee, use the beneficiary and assignment forms, or**
- **to transfer Certificate Holdership, use the Certificate Holdership change request.**

_____

_____

SIGNATURES

Please refer to the signature instructions below.

I understand and agree that the above change(s) shall be subject to all terms and conditions of the Contract. The current Certificate Holder must sign for any change.

X_____ *Certificate Holder*

_____ *Date*

X _____ *Irrevocable Beneficiary/Assignee's Representative Signature*

_____ *Date*

Spousal Consent for Community Property States: If the Certificate Holder is a resident of AZ, CA, ID, LA, NV, NM, TX, WA, or WI, spousal consent is required unless the participant has no legal spouse. Please note, that without the spousal signature (if applicable), we will not be able to process the request.

_____ Spousal Signature

_____ Date

☐ Certificate Holder has no legal spouse.

Signature Requirements

The Certificate Holder's signature is required for all contractual changes. The Insured's signature is required on an application for increased coverage or change in Tobacco/Nicotine status if he or she is other than the Certificate Holder and is not a minor. An irrevocable beneficiary's signature and assignee's signature are required for items 4 through 7. Always provide the date you signed the form.