

SERVICE REQUEST FORM

Please check boxes to indicate request

Name: _____ Certificate Numbers: _____
 Address: _____ Social Security Number: _____ - _____ - _____
 Telephone #: (_____) _____ - _____ Birth Date _____
 Date: _____ Email: _____

☐ **Option 1: Proof-Loss of Certificate:**

The Undersigned owner and/or insured hereby certify that the insurance/annuity certificate has been lost or misplaced. A duplicate certificate is hereby requested, and it is understood that if the original certificate is found or if it should come into possession, it will be returned to the Serb National Federation. The undersigned further certifies that the certificate is not assigned or pledged and upon issuance of a new certificate, the Serb National Federation will be held harmless from any claim which may arise by reason of the issuance of a Duplicate Certificate. **When requesting a duplicate certificate, you must also verify your beneficiary by completing Option 2 below.**

☐ **Option 2: Verify or Change Beneficiary**

I hereby revoke my former designation of beneficiary and do hereby designate the following :

| Primary Beneficiary: | Social Security #: | Member | Relationship: | Address: |
|-------------------------|-----------------------|--------------------------|---------------|----------|
| _____ | _____ - _____ - _____ | <input type="checkbox"/> | _____ | _____ |
| _____ | _____ - _____ - _____ | <input type="checkbox"/> | _____ | _____ |
| _____ | _____ - _____ - _____ | <input type="checkbox"/> | _____ | _____ |
| _____ | _____ - _____ - _____ | <input type="checkbox"/> | _____ | _____ |
| _____ | _____ - _____ - _____ | <input type="checkbox"/> | _____ | _____ |
| Contingent Beneficiary: | Social Security #: | Member | Relationship: | Address: |
| _____ | _____ - _____ - _____ | <input type="checkbox"/> | _____ | _____ |
| _____ | _____ - _____ - _____ | <input type="checkbox"/> | _____ | _____ |
| _____ | _____ - _____ - _____ | <input type="checkbox"/> | _____ | _____ |
| _____ | _____ - _____ - _____ | <input type="checkbox"/> | _____ | _____ |

☐ **Option 3: Change Dividend Option:**

This election applies to the current dividend and future dividends as declared. Please check new selection:

☐ Purchase Additional Insurance ☐ Held at Interest ☐ Paid in Cash

☐ **Option 4: Change Ownership:**

From: _____ Social Security #: _____ - _____ - _____

To: _____ Social Security #: _____ - _____ - _____

New Owner Address: _____

☐ **Option 5: Change Contact Information:**

New Address: _____

Telephone #: (_____) _____ - _____ Email Address: _____

☐ **Option 6: Change Billing Mode or Premium:**

Life Insurance: ☐ Monthly (ACH ONLY) ☐ Quarterly ☐ Semi-Annual ☐ Annual
 Annuity: ☐ Monthly (ACH ONLY) ☐ Quarterly ☐ Semi-Annual ☐ Annual \$ _____

| | |
|--------------------------|--|
| <input type="checkbox"/> | Option 7: Change Payor: From: _____ Social Security #: _____ - _____ - _____ To: _____ Social Security #: _____ - _____ - _____ New Payor Address: _____ |
| <input type="checkbox"/> | Option 8: Change Name: Check Selection: <input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Beneficiary <input type="checkbox"/> Assignee <input type="checkbox"/> Payor This Change of Name resulted from: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Adoption <input type="checkbox"/> Correction <input type="checkbox"/> Court Order From: _____ To: _____ A copy of the legal document applicable to the change must be accompany this request. (i.e. MARRIAGE LICENSE; DRIVER LICENSE; BIRTH CERTIFICATE) |
| <input type="checkbox"/> | Option 9: Cash Surrender Life Insurance: I hereby make an application for cash surrender value of said certificate as provided for in the conditions and provisions thereon, and thereby waive and relinquish for myself and my beneficiaries, any and all rights to benefits of any nature whatsoever under said certificate. Note: If cash value of certificate is more than the total premium paid into plan, we are required to report this amount as a tax gain to the Internal Revenue Service. Return Certificate with this Request. – If original Certificate cannot be located, please complete Section 1. |
| <input type="checkbox"/> | Option 10: Loan Request Life Insurance I hereby apply for a cash loan in the amount of: <input type="checkbox"/> Maximum Available or \$ _____ I further agree that the cash loan option shall govern the loan on my certificate as to the rate of interest and any settlement thereof. |
| <input type="checkbox"/> | Option 11: Request for Partial Withdraw on Annuity I hereby apply for a cash withdrawal in the amount of \$ _____ under the provisions in my annuity certificate. I further agree that the cash withdrawal option shall govern on my annuity certificate. The IRS tax laws require ten percent (10%) withholding tax for all transactions unless you indicate otherwise. <input type="checkbox"/> I/We elect the following percentage withheld _____%, <input type="checkbox"/> Taxable Gain or <input type="checkbox"/> Withdrawal Amount, or <input type="checkbox"/> I/We elect NOT to have Income Tax Withheld |
| <input type="checkbox"/> | Option 12: Request to Cash Surrender on Annuity I hereby make an application for the cash Surrender value of said certificate as provided for the conditions and provisions thereon, and I hereby waive and relinquish for myself and my beneficiaries, any and all rights to benefits of any nature whatsoever under said certificate. In the event said certificate surrender is within the penalty period spelled out under the terms in your certificate, I am aware that this transaction is subject to surrender charges as spelled out in my certificate. The IRS tax laws require ten percent (10%) withholding tax for all transactions unless you indicate otherwise. <input type="checkbox"/> I/We elect the following percentage withheld _____%, <input type="checkbox"/> Taxable Gain or <input type="checkbox"/> Withdrawal Amount, or <input type="checkbox"/> I/We elect NOT to have Income Tax Withheld Return Certificate –If original Certificate cannot be located, please complete Option 1. |

Signature: _____ Date: _____ - _____ - _____

Witness: Signature _____ Date: _____ - _____ - _____

Approved on: ____ - ____ - ____ Home Office Signature: _____