



Voluntary Benefits Policy Service Request

(Policy Required if indicated)

Insured's Name Policy Number
Owner's Name Owner's Social Security Number
Owner's Address
City State ZIP+4
Owner's Telephone

Section A - Payor Address Change

Address
City State ZIP+4

Section B - Legal Name Change (Does not change designation)

Beneficiary Relationship Date of Birth
Insured
Contingent Beneficiary
Applicant Payor
Owner

Section C - Premium Changes (Requires Home Office approval)

Change Premium Payment: Annual Semi-annual Direct Bill
Quarterly Monthly Bank Draft (Bank Authorization & voided check required)

Contact Home Office for Special Request and Minimum Requirements.

Section D - Convert Insurance To:

Product/Plan Modal Premium
Insurance Amount Effective

Tobacco User: Yes No Have you used tobacco products in the last 12 months? Yes No

A urine specimen is required if original was not a NTU Plan.

Continue Remaining Insurance, or Cancel Remaining Insurance

Continue Terminate
Children's Rider
Waiver of Premium
AD&D Rider

Dividend Option: (Complete Form 6106 Section A for Paid-up Additions)

Paid in Cash Left to Accumulate

Section E - Policy Value Options (Premium must be current)

I request that my policy be placed on: Reduced Paid-Up Insurance Extended Term Insurance
Discontinue Premium Payments Effective
(If requesting premium reduction via dividend, complete Form 6096)

Section F - Plan Change, Reduction and/or Removal

Coverage Change Effective

Change product/plan of insurance: From To
Reduce amount of insurance to:
Remove Dependent, Benefit or Rider

(Complete Form 6106 if changing plan from Tobacco User to Non-Tobacco User.)

Change Date of Birth to Name of Insured that Change Applies to

If the Policy requires that the above change(s) be endorsed in the Policy, it is requested that the Policy be modified to permit the change(s) without endorsement of the Policy.

Signature Policyowner Date