

Miscellaneous Change Request



FARMERS
LIFE INSURANCE

Insured's Name: _____ Policy Number(s): _____
For conversions, please use Conversion Request (24-7169) *(Please include all policy numbers affected by this request)*

☐ **Change Mode of Payment to:**

A surcharge may apply for payments other than annual.

- ☐ Annual ☐ Semi-Annual ☐ Quarterly
☐ Monthly ☐ EFT (*Attach signed Bank Authorization*)

☐ **Change Nonforfeiture Option to:**

- ☐ Extended Term Insurance Option (ETI)
☐ Reduced Paid-Up Insurance Option (RPU)

☐ **Reduce Face Amount to \$ _____**

Additional benefits or riders, if applicable, may be reduced proportionately. The Automatic Increase Benefit, if applicable, will terminate.

☐ **Place Policy On:**

- ☐ Extended Term Insurance Option (ETI)
☐ Reduced Paid-Up Insurance Option (RPU)

☐ **Remove the _____ Benefit.**

☐ **Remove the _____ Rider.**

☐ **Correct Age:** *Please send proof of age. (For Simple products please submit a New Business Change Request.)*

- ☐ Age should be: _____
☐ Date of Birth should be: _____

☐ **Policy Loan²:** *Please refer to the policy contract for option availability and descriptions. Any outstanding loan balance may need to be repaid before the new loan is processed.*

- ☐ Send check for \$ _____
☐ Send check for the maximum amount possible
☐ Pay _____ premium due.
☐ Add Automatic Premium Loan (APL) Option
☐ Withhold taxes
☐ Do not withhold taxes³

☐ **Deposit Fund Withdrawal:**

- ☐ Send check for \$ _____
☐ Send check for total amount in fund.

☐ **Full Surrender/Policy Cancellation²:** *Please send policy Surrender the policy for cash value, if any, less any outstanding loan.*

- ☐ Withhold taxes
☐ Do not withhold taxes³

☐ **Partial Surrender/Withdrawal²:**

- ☐ Send check for \$ _____
☐ Send maximum available.
☐ Withhold taxes ☐ Do not withhold taxes³

☐ **Change Address:**

- ☐ Resident/Mailing
☐ Billing

Street Address

City, State, Zip Code

☐ **Other Request(s):**

¹Proof of age requires a copy of a birth certificate, drivers license, or passport. This change may require underwriting approval.

²Taxable distribution if your policy is a Modified Endowment Contract under TAMRA regulations or has a taxable gain.

³Certified W-9 Form (31-0723) is required otherwise taxes will be withheld.

Signature of Insured (*parent/guardian if Insured is a juvenile*) Date

Signature of Policy Owner (*if different than Insured*) Date

Insured's (*or Policy Owner's*) Daytime Phone No.

Signature of Co-Owner, *if applicable* Date

Signature of Agent

Signature of Spouse (*where required in community property states when a person other than the Policy Owner's spouse is named as Primary Beneficiary*) Date

Agent's Name Agent Number Phone No.