



POLICY OWNER SERVICE REQUEST

For prompt service, check appropriate boxes and please print. Thank you.

- Life Policy
- Annuity

Policy Numbers	Name of Insured	District Number
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1. Name Change (Last Name, First Name, Middle Initial) **and/or Address Change** Insured

From: _____ Annuitant

To: _____ Owner

Street: _____ Beneficiary

City: _____ State: _____ Zip Code: _____

2. Change of Ownership (Last Name, First Name, Middle Initial) Owner must be of legal age. All information must be completed.

Current Owner's Name: _____

New Owner's Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

New Owner's Social Security Number: - -

New Owner's Signature: _____

3. Change of Beneficiary (Last Name, First Name, Middle Initial)

Primary: _____ Relationship to Insured: _____

Primary Beneficiary's Social Security Number: - -

Street: _____ City: _____ State: _____ Zip: _____

Contingent: _____ Relationship to Insured: _____

Contingent: _____ Relationship to Insured: _____

4. Change Agent of Record From: _____

To: _____

5A. Premium Mode Change Annual Semi-Annual Quarterly Monthly Check-O-Matic

B. Planned Periodic Premium Change Please change my Planned Periodic Premium from _____ to _____ .

(Diversified & UL Flexible Premium) Please change my Disability Income Rider from _____ to _____ .

Note: If premium is less than \$10, another premium mode must be selected.

6. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Witness' Signature: _____ Owner's Signature: _____

Witness' Name (Print): _____ Owner's Name (Print): _____

Address: _____ Address: _____

Phone: _____ Date: _____ Phone: _____ Date: _____

Complete Section 6 if changes are made on this side.

GBU FINANCIAL LIFE

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 PO Box 645949, Pittsburgh, PA 15264-5257
 412-884-5100 800-765-4428

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7. **Dividend Option Change**
- Option 1 — Cash.
 - Option 2 — Reduce premiums. (Premium mode must be semi-annual or annual.)
 - Option 3 — Accumulate at interest.
 - Option 4 — Purchase additional insurance.
 - Apply to loan on policy #: _____ .
 - Apply to annuity #: _____ .

Owner's Signature: _____

8. **Dividend Withdrawal**
- \$ _____ or, for maximum amount available.
 - Apply to loan on policy #: _____ .
 - Pay premium due ___/___/___ on policy #: _____ .

9. **Annuity Withdrawal**
- \$ _____ (Complete and return Form W-4P.)
 - Apply to loan on policy #: _____ .
 - Pay premium due ___/___/___ on policy #: _____ .

Note: Penalties may apply. Refer to your policy for specific details.

10. **Policy Loan**
- \$ _____ or, for maximum amount available.
 - Pay premium due ___/___/___ on policy #: _____ .

11. **Partial Cash Surrender**
(Diversified & UL Flexible Premium)
- \$ _____ or, for maximum amount available.
 - Pay premium due ___/___/___ on policy #: _____ .

Note: A service fee and/or penalties may apply. Refer to your policy for specific details.

12. **Complete Policy Surrender/Cancellation**
- Note: Penalties may apply. Refer to your policy for specific details.*
- I fully understand that with the surrender/cancellation request of this policy, I waive all of the policy provisions and claims of the above referenced policy and direct that the proceeds be:

(Policy must be returned)

- Paid in cash after deduction of indebtedness, if any.
- Applied as follows: _____

- A. Annuities**
B. Life Insurance

Owner must complete and return IRS Form W-4P.

When a new life insurance policy has been applied for, premium billing including Check-O-Matic withdrawals will continue and the existing policy will not be surrendered until the new GBU policy is approved and issued, unless instructed otherwise in writing under **14. Other Policy Changes and Remarks.**

13. **Lost Policy** The referenced policy has been: Lost. Destroyed. Other.
 I request a duplicate policy.

14. **Other Policy Changes and Remarks** (i.e. face amount, riders, etc.) Details of requested change: _____

15. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Witness' Signature: _____ Owner's Signature: _____

Witness' Name (Print): _____ Owner's Name (Print): _____

Address: _____ Address: _____

Phone: _____ Date: _____ Phone: _____ Date: _____

Complete Section 15 if changes are made on this side.