



Policyowner's Change and Service Request

NOTICE: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim or other document containing a false or deceptive statement is guilty of insurance fraud.

Instructions - The owner of the policy must effect any change on the policy. The policy number and insured are to be clearly indicated on this form, and the appropriate box(es) are to be checked for item(s) to be changed. **In all cases, the form must be signed and dated**, by the current owner, assignee if assigned and if business owned, by an officer, partner, or trustee of the company other than the named insured.

THE UNDERSIGNED REQUESTS and DIRECTS Union Central to CHANGE POLICY NUMBER: _____
on the life of _____ as follows:

ADDRESS CHANGE INSURED OWNER PAYOR ASSIGNEE BENEFICIARY

Address _____

Address _____

City _____ State _____ Zip _____

Country _____

Unless informed otherwise a new address will be recorded on all policies.

APPLICATION FOR DUPLICATE POLICY

This policy was lost or destroyed. If policy is found later, I agree to surrender it to the Company without claim.

Request a duplicate policy (submit \$25.00 fee) Request a Policy Certificate (no charge)

DIVIDEND ELECTION CHANGE

Apply on loan indebtedness Accumulate at interest (IRS W-9 Required)

Apply as premium (except monthly); excess dividends default (paid up additional insurance) Purchase paid-up additional insurance

Fifth dividend option - Purchase ONE YEAR TERM; excess dividends default (accumulate at interest) or (choose one)

Reduce premiums Purchase paid-up additional insurance

PREMIUM FREQUENCY CHANGE

Annual Semiannual Quarterly

Monthly - List Bill EFT* (Electronic Fund Transfer)

*Attach sample voided check and form UC 2178

PLANNED PERIODIC PREMIUM CHANGE - Universal Life Only

Increase Decrease To: _____ Amount _____ Frequency _____ Effective _____

I understand any increase is subject to the expense charges shown in the policy schedule.

ADDITIONAL PARTICULARS

DECLARATIONS: The undersigned hereby declares that:

- (1) I own the above policy and request the actions indicated, knowing community property law may require spouse consent; and
- (2) No bankruptcy proceedings are now pending against the owner.

Owner Signature _____ Date _____

Other Required Signature _____ Date _____

If Business Owned: Please check appropriate box: Individual/Sole Proprietor Corporation Partnership Trustee

Business Name _____

Business Signature and Title _____ Date _____

(Signature MUST be that of an Officer, Partner, or Trustee of the company, other than the Insured.)

Assignee's Signature _____ Date _____

Acknowledgment: The Union Central Life Insurance Company

(From Agency No. _____) NOTE: Mail completed document to Owner Agency No. _____

The Union Central Life Insurance Company, P.O. Box 40888, Cincinnati, Ohio 45240

UC 3379-B 3/99 (Electronic)