



CONTINENTAL GENERAL INSURANCE COMPANY  
 6201 Johnson Drive  
 P.O. BOX 29136  
 Shawnee Mission, KS 66201-9136

**LIFE/ANNUITY POLICYOWNER SERVICE REQUEST**

Policy Number	Insured	Policyowner	Date

**Subject to policy provisions, request is hereby made for the change or changes indicated below:**

- 1. Change Name of:    \_\_\_ Insured    \_\_\_ Policyowner  
 Former Name (please print) \_\_\_\_\_ New Name (please print) \_\_\_\_\_  
 Reason for Change \_\_\_\_\_  
(If reason other than correction, marriage or divorce, please attach copy of legal evidence)
  
- 2. Change Address of:    \_\_\_ Insured    \_\_\_ Policyowner    \_\_\_ Payor  
 \_\_\_ change all CGI policies    \_\_\_ change only these policies \_\_\_\_\_  
 Former address (please print) \_\_\_\_\_  
 New address (please print) \_\_\_\_\_
  
- 3. Change Premium Payment Mode to:  
 \_\_\_ Annual    \_\_\_ Semiannual    \_\_\_ Quarterly    \_\_\_ Monthly    \_\_\_ Bank Draft (attach bank auth & void check)
  
- 4. Change Planned Periodic Premium (Universal Life and Annuity only)  
 \_\_\_ Increase    \_\_\_ Decrease to \$ \_\_\_\_\_ per premium interval
  
- 5. Nonforfeiture Options (Not applicable to Universal Life)  
 \_\_\_ Reduced Paid Up    \_\_\_ Extended Term Insurance
  
- 6. Special Request:  
 \_\_\_\_\_

Unless otherwise specified in the policy, such change or changes requested shall not take effect until acknowledged by Continental General Insurance Company, but upon such acknowledgement, shall be effective as of the date of this instrument, subject to any payment or action taken by Continental General Insurance Company before such acknowledgement.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Policyowner Signature \_\_\_\_\_ SSN \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ SSN \_\_\_\_\_

Assignee Signature \_\_\_\_\_ Irrevocable Beneficiary Signature \_\_\_\_\_  
(if applicable) (If applicable)

\_\_\_\_\_  
 Signature of Spouse (required for certain changes only if resident of community property state: AZ, CA, ID, LA, NV, NM, TX, WA, WI and Guam)

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1. Change Beneficiary

Continental General Insurance Company is hereby requested to revoke all prior beneficiary designations and optional methods of settlement, if any, and change the beneficiary of said policy as follows:

Primary Beneficiary	Current Address	Social Security Number	Relationship to Insured
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Contingent Beneficiary	Current Address	Social Security Number	Relationship to Insured
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(In the case of multiple beneficiaries, please apply percentage to each. Do not apply dollar amounts).

2. Transfer Ownership

I request that all benefits, rights and privileges incident to ownership of the policy be vested in the new owner named below, and the executors, administrators and assigns, or successor and assigns, of such new owner.

New Owner \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Address of New Owner \_\_\_\_\_

Signature and Social Security Number of New Owner \_\_\_\_\_  
(Signature above will be construed as certification of Social Security Number)

New Contingent Owner \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Address of New Contingent Owner \_\_\_\_\_

Signature and Social Security Number of New Contingent Owner \_\_\_\_\_  
(Signature above will be construed as certification of Social Security Number)

Unless otherwise specified in the policy, such change or changes requested shall not take effect until acknowledged by Continental General Insurance Company, but upon such acknowledgement, shall be effective as of the date of this instrument, subject to any payment or action taken by Continental General Insurance Company before such acknowledgement.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Policyowner Signature \_\_\_\_\_ SSN \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ SSN \_\_\_\_\_

Assignee Signature \_\_\_\_\_ Irrevocable Beneficiary Signature \_\_\_\_\_  
(if applicable) (If applicable)

\_\_\_\_\_  
Signature of Spouse (required for certain changes only if resident of community property state: AZ, CA, ID, LA, NV, NM, TX, WA, WI and Guam)

Policy Number

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1. Policy Loan Note (Whole Life / Universal Life Only)

In consideration of the sum of \_\_\_\_\_ dollars advanced by the Continental General Insurance Company, as a loan on the sole security of and in accordance with the Policy Loan provision contained in the above policy on the above life, issued or assumed by the said Company, I (We) hereby assign said Policy and all sums of money now due or hereafter to become due thereunder, to said Company as security for the repayment of the said loan and interest thereon. Interest shall be payable at the rate and at the times and in the manner provided in the Policy. It is agreed that any interest which is not paid when due shall be added to the principal of the loan, shall become a part thereof and shall bear interest at the same rate and on the same conditions as the loan.

It is also agreed that the principal of the said loan with any interest due and accrued thereon shall become due and payable, or whenever the total indebtedness on said policy shall equal or exceed the cash value of the said Policy, the Company's liability under the Policy shall terminate upon compliance by the Company with the requirements of law and the Policy, if any, respecting notice.

If the said Policy shall lapse or become forfeited in any manner, the amount of the said loan with interest accumulated or accrued thereon (1) shall be deducted from any cash surrender value of said Policy; (2) shall operate to reduce the amount of any Paid-up Insurance or to reduce the amount of and/or the term of any Extended Insurance (a) in the manner provided by the terms of the said Policy, or (b) if there be no specific provision in the said Policy, in accordance with the rules and practice of the Company, or (c) if there be a provision in the Policy of ambiguous or doubtful meaning, then the construction placed thereon by the company in accordance with the rules and practice of the Company shall control. The term "Cash Value", wherever used in the policy loan note, shall be deemed to refer to the cash value of said policy as defined therein. It is understood that there is no personal liability upon the makers of this note for the payment thereof, the sole recourse being against the said Policy.

2. Withdrawal Request (Universal Life / Annuities Only)

The undersigned hereby requests a partial withdrawal in the amount of \$ \_\_\_\_\_  
It is understood that withdrawals will be plus any applicable fees or surrender charges.

\_\_\_\_\_ I DO NOT want (or) \_\_\_\_\_ I DO WANT Federal income tax withheld from the taxable portion of my distribution at a flat rate of 10%.

3. Surrender Request (Whole Life / Universal Life / Annuities Only)  
(Return of Policy or Lost Policy Statement Required)

The undersigned hereby surrenders said Life Policy/Annuity Contract for the payment of its Cash Surrender Value.  
It is understood that this policy may be subject to surrender charges.

\_\_\_\_\_ I DO NOT want (or) \_\_\_\_\_ I DO WANT Federal income tax withheld from the taxable portion of my distribution at a flat rate of 10%.

4. Lost Policy Statement / Duplicate Policy or Certificate of Insurance Request

The undersigned declare that the original policy (and any duplicates thereof) has been lost or destroyed and is not in the possession of any other person or firm. The undersigned further agree that the policy will be returned if found, and on demand indemnify and declare the Company harmless and free from all claims, suits or actions on account or the payment of the Cash Surrender Value of said policy without the physical surrender of said policy and from any damages, costs, charges or expenses arising therefrom.

\_\_\_\_\_ Please send a duplicate of the original policy.

\_\_\_\_\_ Please send a Certificate of Insurance.

IT IS EXPRESSLY REPRESENTED AND WARRANTED THAT THE INFORMATION PROVIDED ON THIS FORM, INCLUDING THE SOCIAL SECURITY NUMBER / TAX ID NUMBER IS TRUE, CORRECT AND COMPLETE, AND THAT ALL NATURAL PERSONS SIGNING BELOW ARE OF LEGAL AGE AND THAT NO PROCEEDINGS IN BANKRUPTCY OR INSOLVENCY HAVE BEEN INSTITUTED OR ARE PENDING AGAINST ANY OF THE UNDERSIGNED.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Policyowner Signature \_\_\_\_\_ SSN \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ SSN \_\_\_\_\_

Assignee Signature \_\_\_\_\_ Irrevocable Beneficiary Signature \_\_\_\_\_  
(if applicable) (If applicable)

\_\_\_\_\_  
Signature of Spouse (required for certain changes only if resident of community property state: AZ, CA, ID, LA, NV, NM, TX, WA, WI and Guam)

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Request For Settlement Option (Proof of Age Must Accompany this Request)

A. Plan of Settlement (choose one)

- 1. \_\_\_\_\_ Interest Option  
     \_\_\_\_\_ With Right to Withdraw  
     \_\_\_\_\_ With Right to Change to Other Option
- 2. \_\_\_\_\_ Life Income Option  
     \_\_\_\_\_ Life Only  
     \_\_\_\_\_ Years Guaranteed, Life Thereafter
- 3. \_\_\_\_\_ Installment for Designated Period  
     Length of Period \_\_\_\_\_ months or \_\_\_\_\_ years
- 4. \_\_\_\_\_ Installments of Designated Amount  
     \$ \_\_\_\_\_

B. Payment Mode: \_\_\_\_\_ Annual \_\_\_\_\_ Semiannual \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly

C. Payment Options

Mail payment to:

Address (if different than on file): \_\_\_\_\_

D. Beneficiary Designation

Primary Beneficiary	Current Address	Social Security Number	Relationship
_____			

Contingent Beneficiary	Current Address	Social Security Number	Relationship
_____			

E. Withholding Election

- 1. \_\_\_\_\_ I DO NOT want (or) \_\_\_\_\_ I DO WANT Federal income tax withheld from the taxable portion of my distribution at a flat rate of 10%.  
     OR
- 2. Withhold the following amount from my distribution \$ \_\_\_\_\_

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Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Policyowner Signature \_\_\_\_\_ SSN \_\_\_\_\_

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Assignee Signature \_\_\_\_\_ Irrevocable Beneficiary Signature \_\_\_\_\_  
(if applicable) (If applicable)

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Signature of Spouse (required for certain changes only if resident of community property state: AZ, CA, ID, LA, NV, NM, TX, WA, WI and Guam)