



Crown Life Insurance Company  
P.O. Box 1927  
Buffalo, NY 14240-1927

**POLICY SERVICE REQUEST**

**USE THIS FORM FOR THE FOLLOWING:**

	<b>Section</b>
DECLARATION OF LOST POLICY	1
DIVIDEND CHANGE / ALLOCATION	2
PARTIAL WITHDRAWAL OF FUNDS	3
SURRENDER / WITHDRAWAL OF POLICY & NOTICE OF WITHHOLDING	4 5
DEATH BENEFIT OPTION CHANGE	6
NON-EVIDENCE POLICY CHANGES	7
REMARKS	8

**NOTE:**

The changes contained herein do not require evidence of insurability. If you desire a change to your policy that will result in additional risk to the Company, evidence of insurability must be provided. Please use the state approved form U0328.

**INSTRUCTIONS:**

- Mark the box for each change or service you are requesting.
- This form and all signatures should be in ink.
- **SIGNATURE REQUIREMENTS:** The owner's signature is required for all requests. If there is joint ownership, ALL owners must sign. If a corporation is Owner, signatures and titles of two officers, or one officer under Corporate Seal is required. If a Trust is the Owner, signatures of all Trustees are required. A Witness must be of majority age with no interest in the contract. A notarized or guaranteed signature is required if the total death benefit is one million dollars or higher.
- Surrender or partial surrender requests will require the signatures of Irrevocable Beneficiary(ies) and Assignee(s), if applicable.
- If a policy is to be surrendered, the policy contract should be returned with this request.

**POLICY INFORMATION - Please Complete**

<p><b>Policy Number</b> <input style="width:150px;" type="text"/></p> <p><b>OWNER INFORMATION</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;">Name</td></tr> <tr><td style="height: 20px;">Address</td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;">Social Security or Tax I.D. No.</td></tr> </table> <p><input type="checkbox"/> Check here if new address</p>	Name	Address		Social Security or Tax I.D. No.	<p><b>INSURED INFORMATION</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;">Name</td></tr> <tr><td style="height: 20px;">Address</td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;">Social Security or Tax I.D. No.</td></tr> <tr> <td style="width:50%; height: 20px;">Date of Birth</td> <td style="width:50%;">Place of Birth</td> </tr> </table> <p><input type="checkbox"/> Check here if new address</p>	Name	Address		Social Security or Tax I.D. No.	Date of Birth	Place of Birth
Name											
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Date of Birth	Place of Birth										

**1. DECLARATION OF LOST POLICY**

The undersigned do hereby report the loss of the Policy which was issued by Crown Life Insurance

Company on the life of:

The policy has been lost or destroyed and said policy was not and is not now assigned, transferred, pledged or hypothecated except as follows:


It is agreed to indemnify and save harmless the Crown Life Insurance Company from all claims, suits, or actions on account of the lost Policy and from any and all damages, costs, charges and expenses arising there from. It is further agreed that if the said Policy is found it will be returned promptly to the Crown Life Insurance Company.

Witness	Date	Policy Owner Signature
Witness	Date	Assignee/Irrevocable Beneficiary (if any)
Witness	Date	Other Required Signature

**A fee is charged to replace a policy. Our Home Office will advise you of the fee amount.**

## 2. DIVIDEND CHANGE/ALLOCATION

Please **CHANGE** the dividend option to:

- Cash  
 Accumulation at Interest  
 Reduce Premium (Annual billing only)  
 Repay Loan  
 Other

**PLEASE NOTE:** If changing to **PAID-UP ADDITIONS**, evidence of insurability will be required. Please contact our Customer Service Department for the necessary forms.

Witness	Date	Policy Owner Signature
Witness	Date	Assignee/Irrevocable Beneficiary (if any)
Witness	Date	Other Required Signature

## 3. PARTIAL WITHDRAWAL OF FUNDS

FROM DIVIDENDS and/or PAID-UP ADDITIONAL INSURANCE

**PLEASE WITHDRAW:**

- \$  From:  Dividend Accumulation  
 The **MAXIMUM AMOUNT**  Paid-Up Additions  
 Issue a check  Plus Rider  
 Apply towards the premium due on policy No.  
 Apply towards the loan on policy No.

  


I understand that by withdrawing cash value from Paid-Up Additions or Plus Rider the death benefit will be reduced under the Paid-Up Addition or Plus Rider provision.

Witness	Date	Policy Owner Signature
Witness	Date	Assignee/Irrevocable Beneficiary (if any)
Witness	Date	Other Required Signature

#### 4. FULL OR PARTIAL SURRENDER/WITHDRAWAL OF POLICY

**FULL SURRENDER:**

(SUBMIT A **W-4P** FORM IF OTHER THAN A 1035 NON-TAXABLE EXCHANGE.)

**NOTE:** Full surrender will cancel the policy and the insurance it provides. Applicable surrender charges may reduce the value received upon the termination of this insurance policy. Surrender or withdrawal may also trigger a taxable gain. Consider the alternatives carefully before signing. For instance, if there is an immediate need for cash and the policy has cash value, a policy loan can be arranged instead. If the method of premium payment or the type of policy is not satisfactory, perhaps we can recommend a policy change.

Will this withdrawal be used to fund the issue of another annuity or life insurance product?  Yes  No

I elect to surrender the policy for its cash value. The entire liability of the Company except for the net cash value, is hereby discharged and terminated.

In accordance with policy provisions I request a partial surrender/withdrawal for:

\$   The **MAXIMUM AMOUNT**

**Note:** From the requested amount we will deduct a \$25.00 service fee and issue a check for the balance.

I/We understand that:

- If the named beneficiary has irrevocable status, he/she must also sign below to consent to the surrender.
- If the policy has been assigned, the assignee must first release his/her interest if the cash surrender value is to be applied to another policy. If the cash surrender value is to be paid in cash, the check will be made payable jointly to the policy owner(s) and the assignee(s).
- The policy to be surrendered should be enclosed. If not enclosed please detail the reason below.

The undersigned certifies that the policy is not subject to any lien, assignment or legal claim and that they are not currently involved in pending bankruptcy proceedings.

Witness	Date	Policy Owner Signature
Witness	Date	Assignee/Irrevocable Beneficiary (if any)
Witness	Date	Other Required Signature

#### 5. NOTICE OF WITHHOLDING

I DO NOT want to have Federal/State Income Tax withheld from my Surrender/Withdrawal

I DO want to have Federal/State Income Tax withheld from my Surrender/Withdrawal

(If left blank we will withhold tax)

Even if you elect not to have Federal/State Income Tax withheld, you are liable for payment of Federal/State Income Tax on the taxable portion of your surrender or withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not sufficient.

**6. DEATH BENEFIT OPTION CHANGE ON UNIVERSAL LIFE POLICIES**

- Change the death benefit option from Increasing to Level
- Change the death benefit option from Level to Increasing - I understand that the Specified Amount will be reduced by the total amount of the cash value on the effective date of the change.

Witness	Date	Policy Owner Signature
Witness	Date	Assignee/Irrevocable Beneficiary (if any)
Witness	Date	Other Required Signature

**7. MISCELLANEOUS NON-EVIDENCE POLICY CHANGES**

Please reduce the face amount to: \$

A fee may be applicable for this change. Our Home Office will advise you of the fee amount.

Please change the premium frequency to:

<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual
<input type="checkbox"/> Quarterly	<input type="checkbox"/> PAC/EFT

If PAC/EFT:  Add to existing PAC/EFT under Policy No:   
 New PAC/EFT Form Attached

Please remove the following benefit/riders:

Please change this policy to reduced paid-up insurance

Other:

I/WE, THE UNDERSIGNED, HEREBY AGREE THAT THIS REQUEST FORM SHALL BE THE BASIS FOR THE CHANGE REQUESTED ABOVE AND SHALL FORM A PART OF THE POLICY.

Witness	Date	Policy Owner Signature
Witness	Date	Assignee/Irrevocable Beneficiary (if any)
Witness	Date	Other Required Signature

**8. REMARKS:**






## **Should you surrender your policy?**

*Before you make the final decision to surrender your policy, take a moment to consider the following:*

### **Does the need for the Policy still exist?**

*You originally took out your policy to cover a specific need, a need that may still exist. If so, you should surrender your policy **only** after examining all other options. For your benefit, we strongly urge you to contact your Customer Service Representative at 1-888-500-1370 for more information.*

### **There may be other options.**

*As an alternative to surrendering your policy, you may be able to access your policy values through a policy loan or partial withdrawal\*. This would ensure that the policy death benefits (minus the amount of the loan) would continue to stay in force. Other options may allow you to minimize your out-of-pocket expenses for this coverage.*

### **You may lose money.**

*Life insurance is a long-term commitment. In the first few years, essential expenses incurred by the company in setting up a policy (commission, administrative cost and underwriting expenses) must be paid. If you surrender your policy in those first few years, you may get little or nothing back. Early surrender charges and tax consequences may also apply and any replacement policy would incur the same expenses.*

### **You may lose growth potential.**

*You may lose the benefits you have already earned as well as any future accumulation potential. Before making the decision to surrender your policy, please allow us to provide you with a projection of your future values.*

### **You may lose other benefits.**

*In addition to the future growth in your policy's cash values, your policy also provides one vitally important benefit: **a lump sum payable on the death of the insured**. If your family depends upon your income, this lump sum benefit will help them maintain their standard of living. A single person can use this benefit to allow executors to pay business or personal debts along with final expenses. Replacing this coverage later may be much more expensive.*

### **Replacing your existing coverage\*?**

*The cost of the new coverage may be much higher due to your increased age and any changes in your health.*

*After considering all the above factors, if you still wish to proceed with the surrender, please complete the enclosed form and mail it to:*

**Crown Life Insurance Company  
P.O. Box 1927  
Buffalo, NY 14240-1927**

\* Loans, partial withdrawals, or full surrenders on a life insurance policy to purchase alternative death benefit protection must be done with strict compliance to state insurance replacement guidelines. Please call for more information.