

**TRUSTMARK**

P.O. BOX 7930  
LAKE FOREST, ILLINOIS 60045  
1-800-918-8877

**POLICYOWNER SERVICE REQUEST FORM**

PLEASE PRINT OR TYPE EXCEPT WHERE SIGNATURES ARE REQUESTED.  
COMPLETE THIS SECTION AND SELECT CHANGES DESIRED.

Account No. \_\_\_\_\_ Cert/Policy No. \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Insured's Address, City, State, Zip Code: \_\_\_\_\_

Insured's Phone Number: (        ) \_\_\_\_\_

**1. CHANGE OF OWNERSHIP BY ABSOLUTE ASSIGNMENT**

*RETURN THE ORIGINAL CERTIFICATE/POLICY. IF IT WAS LOST OR DESTROYED DESCRIBE CIRCUMSTANCES.*

\_\_\_\_\_

As current owner of this certificate/policy, I absolutely assign all of my rights of ownership in the certificate/policy to the new owner listed below. This request shall not change the beneficiary on record or mode of payment as a death benefit. If a change of beneficiary is desired, the new owner must complete the "Change of Beneficiary" designation on page 2.

New Owner Name: \_\_\_\_\_

New Owner Social Security Number: \_\_\_\_\_

New Owner Address: \_\_\_\_\_

New Owner City, State, Zip Code: \_\_\_\_\_

New Owner Telephone Number: (        ) \_\_\_\_\_

Substitute W-9 Information for New Owner:

Have you been notified by the Internal Revenue Service that you are subject to back-up withholding?  YES  NO

Do you want Trustmark to withhold 20% of your taxable interest income?  YES  NO

**NEW OWNER SIGNATURE(S):** \_\_\_\_\_

*IF THE NEW OWNER IS ALSO THE INSURED DO NOT COMPLETE CONTINGENT OWNER*

Contingent Owner Name: \_\_\_\_\_

Contingent Owner Social Security Number: \_\_\_\_\_

Contingent Owner Address: \_\_\_\_\_

Contingent Owner City, State, Zip Code: \_\_\_\_\_

Contingent Owner Telephone Number: (        ) \_\_\_\_\_

Substitute W-9 Information for Contingent Owner:

Have you been notified by the Internal Revenue Service that you are subject to back-up withholding?  YES  NO

Do you want Trustmark to withhold 20% of your taxable interest income?  YES  NO

**CONTINGENT OWNER SIGNATURE(S) (IF ADULT):** \_\_\_\_\_



9. **REMOVAL OF BENEFIT RIDERS**

Remove:

- Waiver of Premium
- Accidental Death Benefit
- Child Term Insurance Rider \_\_\_\_\_ units
- Other Insured Term Insurance Rider

Name of Insured to be removed \_\_\_\_\_

- Other, please specify \_\_\_\_\_

10. **PARTIAL WITHDRAWAL**

- Maximum amount available
- Amount \$ \_\_\_\_\_

Only one partial withdrawal will be allowed during each certificate/policy year. Your request must be made prior to the maturity date during the Insured's lifetime. Each withdrawal must be at least \$100. A partial withdrawal charge, as shown in the schedule, will be deducted each time this is done. We will not permit a partial withdrawal to reduce the cash value below a sum equal to two monthly deductions.

A partial withdrawal will result in a reduction of the cash value, accumulated value and the death benefit amount by the amount of such partial withdrawal.

11. **LIFE SURRENDER**

I request the cash surrender value of my certificate/policy, less any outstanding loan.

- I am returning the original certificate/policy
- The certificate/policy was lost or destroyed under the following circumstances:

\_\_\_\_\_

Owner's Social Security Number: \_\_\_\_\_

**IMPORTANT TAX INFORMATION**

Substitute W-9 Information for Owner:

Have you been notified by the Internal Revenue Service that you are subject to back-up withholding?

- YES  NO

Do you want Trustmark to withhold 20% of your taxable interest income?  YES  NO

12. **CHANGING THE DEATH BENEFIT OPTION**

- 1. If You request a change from Option A to Option B: The new Face Amount will be the Death Benefit Amount less the Accumulated Value as of the effective date of the change, but not less than zero.
- 2. If You request a change from Option B to Option A: The new Face Amount will be the Death Benefit Amount as of the effective date of the change.

\* We may require evidence of insurability for a change in the Death Benefit Option if the net amount at risk is being changed. The change will go into effect on the monthly deduction day following the date we receive your request for change, subject to our approval of the change.

**AGREEMENT AND SIGNATURE SECTION**

I (we) request that all transactions marked above be completed by Trustmark and I (we) expressly warrant that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them. The changes requested in this form will not become effective until approved by Trustmark.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.  
City and State

Signature of Current Owner(s): \_\_\_\_\_

Signature of New Owner(s): \_\_\_\_\_

If Change of Beneficiary and you reside in Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin, which are Community Property States your Spouse **MUST** sign here: \_\_\_\_\_

Witness (Not Related/Agent) Signature: \_\_\_\_\_

**THIS SECTION FOR OFFICE USE ONLY**

Received in Trustmark, Lake Forest, Illinois this \_\_\_\_\_ day of \_\_\_\_\_.

Changes made \_\_\_\_\_ . Approved by \_\_\_\_\_

Please attach copy to certificate/policy number \_\_\_\_\_ .