



**NORTH CAROLINA MUTUAL  
LIFE INSURANCE COMPANY**

**ADMINISTRATIVE OFFICES**

P. O. Box 506  
Keene, NH 03431-0506

District \_\_\_\_\_ Agency \_\_\_\_\_

**POLICYHOLDER'S CHANGE AND SERVICE REQUEST**

I request the following change be made in my policy(ies):

POLICY NUMBER(S) \_\_\_\_\_ INSURED \_\_\_\_\_

1. CHANGE OF NAME  Insured  Owner

From \_\_\_\_\_ To \_\_\_\_\_  
(Please print) (Please print)

**NOTE: If the reason for the change of name is other than marriage/divorce, a copy of the court decree is required.**

2. CHANGE OF BENEFICIARY Change the beneficiary on the above policy to:

Name (Please Print)	Relationship
Primary	
Contingent	

Unless otherwise specified, the proceeds of the policy will be paid in equal shares to the living beneficiaries.  
If all of the beneficiaries are deceased, then the proceeds will be paid to the estate of the insured.

3. CHANGE OF OWNERSHIP\*  
Change the owner from the undersigned to:

Name (Please print) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

\*Social Security or Taxpayer Identification Number of New Policyowner \_\_\_\_\_

4. POLICY LOAN AGREEMENT  
I request a loan be made on the above numbered policy subject to the provisions in the policy contract.

- Maximum amount available.  
 \$ \_\_\_\_\_ Cash or the full amount available, if less.  
 Loan to pay premiums(s) (indicate premium due date) \_\_\_\_\_

5. AUTOMATIC PREMIUM LOAN AGREEMENT  
 Add automatic premium loan  Delete automatic premium loan.

6. SURRENDER OF POLICY (POLICY REQUIRED)  
For the surrender value, the undersigned surrenders the policy and requests a check for the proceeds.

7. SURRENDER OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS  
 Maximum amount available.  
 \$ \_\_\_\_\_ Cash or full amount, if less.  
 Other \_\_\_\_\_

SIGNATURES ON REVERSE SIDE

PLEASE COMPLETE THE CHANGE OF BENEFICIARY SECTION FOR ANY REQUESTED CHANGE.

