

# Policy Service Form

Please check the box next to your insurance company's name.

ManhattanLife Assurance Company of America  Family Life Insurance Company  The Manhattan Life Insurance Company

|   |                 |               |
|---|-----------------|---------------|
| Name of Owner   | Name of Insured | Policy Number |
| Address, City State of Zip of Owner                   |                 |               |
| Daytime Telephone Number of Owner Between 8am-4pm CST |                 |               |

Please place a check mark in the boxes for the changes you wish to make.

## 1. Address Change - Life and Health Policy

Address, City, State, and ZIP Code: \_\_\_\_\_  
Effective Date of New Address \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_  
Other Family Members at the New Address: \_\_\_\_\_

## 2. Cancellation of Policy - Life Policy Only - NO CASH VALUE

I hereby request to cancel my policy. This policy has no cash value.

**Important:** If the policy has a cash value, then you must complete the Life Cash Surrender or Partial Withdrawal Form

## 3. Dividend Options - Life Policy Only \*Spouse must sign in Agreements section for AZ, CA, ID, LA, NV, NM, TX, WA, and WI.

|   |  |
|---|--|
| <input type="checkbox"/> Dividends to be surrendered* <input type="checkbox"/> Accumulations <input type="checkbox"/> Paid-up Additions* (select method below)<br><br><input type="checkbox"/> In Cash \$ _____<br><input type="checkbox"/> For \$ _____ to pay _____ premium due _____ on policy number _____<br><input type="checkbox"/> For \$ _____ to apply toward loan on policy number _____<br><br>*Dividends withdrawn or paid-up additions surrendered may not be repaid. If proceeds are to be applied in any other manner, use the "Remarks" section below. | <input type="checkbox"/> Dividend Option Change (Select method below)<br><br><input type="checkbox"/> Cash to Owner <input type="checkbox"/> Accumulate at Interest<br><input type="checkbox"/> Reduce Premium** <input type="checkbox"/> Purchase Paid-up Additions<br><br>**Available only on the next premium due on the policy anniversary date. |
|---|--|

## 4. Loan Application/Repayment Options - Life Policy Only \*Spouse must sign in Agreements section for AZ, CA, ID, LA, NV, NM, TX, WA, and WI.

Policy Loan Application  Repayment Plan  
 In Cash \$ \_\_\_\_\_  For \$ \_\_\_\_\_ to pay \_\_\_\_\_ premium due \_\_\_\_\_ on policy number \_\_\_\_\_  
*Loan amount may include portion of dividends unless otherwise requested. I realize that any existing indebtedness or unpaid premiums shall be included in the new loan total. The loan is to be completed with the terms of the policy.*  
**To set up a formal loan repayment plan using ELECTRONIC FUNDS TRANSFER, select one of the following below:**  
 Begin charging my checking account \$ \_\_\_\_\_ per month.  Add \$ \_\_\_\_\_ to my existing loan repayment per month.

## 5. Name Change - Life and Health Policy

Insured  Owner  Payor  Beneficiary  Other  
From: \_\_\_\_\_ (first middle, last) To: \_\_\_\_\_ (first, middle, last)  
Reason (i.e. marriage, divorce, etc.): \_\_\_\_\_ Please attach copy of marriage license or divorce decree.

## 6. Non-Forfeiture Option Election - Life Policy Only

Reduced Paid-up Insurance  Extended Term Insurance Amount: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expire Date: \_\_\_\_\_

## 7. Premium Mode Change - Life and Health Policy

Annual  Semiannual  Quarterly  Electronic Funds Transfer (include Bank Draft Authorization Form & voided check)  
 Premium Amount Change (if policy provisions allow) Amount \$ \_\_\_\_\_ Effective Date \_\_\_\_\_

## 8. Removal of Dependents - Life and Health Policy

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Reason\* \_\_\_\_\_  
\*(If due to death then submit death certificate. If due to divorce, then submit the divorce decree)

Remarks - Please use this space for any special instructions you may have regarding the above elections.

## AGREEMENTS AND SIGNATURES

Irrevocable beneficiaries or collateral assignees must sign to authorize the transaction(s). The undersigned hereby agree(s) to authorize the transaction(s) as stated above which affect my (our) interest in this policy. I hereby authorize the above transaction(s):

Date: \_\_\_\_\_ Owner: \_\_\_\_\_  
\*The owner of the policy must sign. For adult contracts, this would normally be the insured. It could also be a person named as owner on the application or by absolute assignment.

Spouse Signature if Community Property State \***Important:** Signature of wife or husband required if owner is a resident of any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. If there is no spouse, please indicate such.

## ENDORSEMENT/ACKNOWLEDGEMENT BY COMPANY

The above indicated company acknowledges receipt, on this date, of the foregoing instrument at its Administrative Office, and has filed the request or requests therein contained, subject, however, to the express condition that the policy is in full force on the date of such instrument.

Date \_\_\_\_\_ By Authorized Representative \_\_\_\_\_

**AFTER ACKNOWLEDGEMENT BY THE COMPANY, THIS FORM SHOULD BE FILED WITH THE POLICY.**

Submit Completed Form to: Policyholder Services, P.O. Box 925989, Houston, TX 77292

Customer Service Department 1-800-669-9030

www.manhattanlife.com