REQUEST FOR SERVICE



| Complete this section for all requests | | | | | |
|--|--|--------------------------------|------------------------------|--|--|
| (Social Security #) | Insured Name (First, Middle, Last): | | Employer Name: | | |
| | | | | | |
| (Certificate #) | Certificate Holder Name (First, Middle, Last): | | Employer ID #: | | |
| | | | | | |
| COMPLETE THE APPI | ROPRIATE SECTION | | | | |
| ☐ 1. ADDRESS CHANGE: | | | | | |
| If changing the address for two or more individuals to the same address, check all appropriate boxes. | | | | | |
| ADDRESS CHANGE for: ☐ Insured ☐ Certificate Holder (Certificate Holder) ☐ Payor ☐ Secondary Addressee | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| (Street) | | | | | |
| (City/State/ZIP Code) | | | | | |
| Day Phone #: () | Ev | rening Phone #: () | | | |
| □ 2 NAME CHANGE | Legal Proof of Name Change is requ | ired): | | | |
| ☐ 2. NAME CHANGE (Legal Proof of Name Change is required): To change the name of a Beneficiary or Assignee, use the beneficiary and assignment forms. | | | | | |
| _ | | - | • | | |
| Change name of: \square | Insured | ☐ Payor ☐ Seconda | ry Addressee | | |
| | | | | | |
| From (Former Name - Please | From (Former Name - Please Print) To (New Name - Please Print) | | | | |
| | | resumption of former name | | | |
| Ц | Other (Please sign on the revers | se with your new name) | | | |
| | (I tease sign on the revers | e wiii your new name) | | | |
| ☐ 3. CERTIFICATE LO | | | | | |
| | ll loan amount" if you wish to specify he contract will reduce the death bene | | | | |
| (Any toun against t | ne contract wiit reduce the death bene | ju ana coula cause your comrac | i to terminate prematurety.) | | |
| ☐ Maximum loan ar | mount available | loan amount \$ | | | |
| ☐ 4. REDUCTION IN B | ENEFITS: | | | | |
| ☐ Cancel Accidenta | | ☐ Cancel Waiver Provision | | | |
| ☐ Cancel Children's | | Other | | | |
| | | | | | |
| 5. SURRENDER OF CERTIFICATE: Proceeds may be subject to federal and state income tax. | | | | | |
| ☐ Total Surrender (may be subject to company imposed surrender penalties)* \$ | | | | | |
| □ *I Do □ *Do Not wish to have Federal Income Tax withheld from my proceeds. | | | | | |
| ☐ 6. INCREASE/CORR | ☐ 6. INCREASE/CORRECTION IN BENEFITS: | | | | |
| Please complete and sign the attached application forms. | | | | | |
| An increase in benefits is not guaranteed and is subject to underwriting approval. | | | | | |
| ☐ Add Rider | | | | | |
| ☐ 7. REQUEST DUPLICATE CERTIFICATE: | | | | | |
| Complete this section if original Certificate was lost. | | | | | |
| ☐ Please send me a Confirmation of Insurance Coverage at no charge. ☐ Please send me a complete Duplicate Certificate (<i>Please enclose \$25.00 handling fee with request</i>). | | | | | |

SIGNATURES ON REVERSE

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REQUEST FOR SERVICE



| 8. CHANGE NON-PAYMENT OF PREMI | IUM OPTION : ıe after a cash value is first available, I elec | t the following ention | | | |
|--|--|---|--|--|--|
| Check One: Automatic Premium L Reduced Paid Up Insu | Loan (APL) Graded Death Benefit Whole Lif Trance (RPU) Graded Death Benefit Whole I Tace (PUT) LifeTime Benefit Term only | fe only | | | |
| ☐ 9. PREMIUM/BILLING CHANGES to bill | ling method or premium amount: | | | | |
| If selecting pre-authorized checking, complete the authorization in Section 10 and attach a voided check. | | | | | |
| New Premium Mode: ☐ Pre- New Premium Frequency: ☐ Qua | -authorized deductions from checking arterly Semi-annually | ☐ Direct Bill☐ Annually | | | |
| ☐ 10. AUTHORIZATION FOR DEDUCTION | NS FROM CHECKING: | | | | |
| Complete and sign this section only if | you selected pre-authorized deductions from | n your checking account. | | | |
| I hereby authorize Combined Life Insurance Company to initiate premium deductions from my checking account. My bank is authorized to honor these drafts as if each were signed by me. This authorization shall remain in effect until revoked by me in writing and until my bank shall have received such notice. I agree that my bank shall be fully protected in honoring such draft. In order to stop payment I must notify my bank in writing at least three (3) business days prior to the scheduled payment date. I agree that if any such check be dishonored whether with or without cause, my bank shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance. | | | | | |
| Name of Bank | Account Number | Draft Day | | | |
| | | | | | |
| Bank Address | Signature of Depositor | Date | | | |
| | Signature of Depositor Attached "VOID" Sample Check | | | | |
| City, State, Zip Code | | Date Combine with Certificate # | | | |
| City, State, Zip Code 11. OTHER CHANGES/COMMENTS: Complete this section to indicate any o to change a Beneficiary or Assig | | Combine with Certificate # where in this form except: orms, or | | | |
| City, State, Zip Code 11. OTHER CHANGES/COMMENTS: Complete this section to indicate any o to change a Beneficiary or Assig | Attached "VOID" Sample Check other contractual changes not covered elseguee, use the beneficiary and assignment for | Combine with Certificate # where in this form except: orms, or | | | |
| City, State, Zip Code 11. OTHER CHANGES/COMMENTS: Complete this section to indicate any o | Attached "VOID" Sample Check other contractual changes not covered elsegnee, use the beneficiary and assignment for ip, use the Certificate Holdership change a SIGNATURES efer to the signature instructions below. | Combine with Certificate # where in this form except: orms, or request. | | | |
| City, State, Zip Code 11. OTHER CHANGES/COMMENTS: Complete this section to indicate any o | Attached "VOID" Sample Check other contractual changes not covered elsegnee, use the beneficiary and assignment for ip, use the Certificate Holdership change a SIGNATURES efer to the signature instructions below. | Combine with Certificate # where in this form except: orms, or request. | | | |
| City, State, Zip Code 11. OTHER CHANGES/COMMENTS: Complete this section to indicate any o | Attached "VOID" Sample Check other contractual changes not covered elsegnee, use the beneficiary and assignment for ip, use the Certificate Holdership change in SIGNATURES refer to the signature instructions below. Il be subject to all terms and conditions of the X | Combine with Certificate # where in this form except: orms, or request. e Contract. The current Certificate | | | |
| City, State, Zip Code 11. OTHER CHANGES/COMMENTS: Complete this section to indicate any o | Attached "VOID" Sample Check other contractual changes not covered elsegnee, use the beneficiary and assignment for ip, use the Certificate Holdership change in SIGNATURES refer to the signature instructions below. Il be subject to all terms and conditions of the X | Combine with Certificate # where in this form except: orms, or request. | | | |
| City, State, Zip Code 11. OTHER CHANGES/COMMENTS: Complete this section to indicate any o | Attached "VOID" Sample Check other contractual changes not covered elsegnee, use the beneficiary and assignment for ip, use the Certificate Holdership change in SIGNATURES refer to the signature instructions below. Il be subject to all terms and conditions of the X | Combine with Certificate # where in this form except: orms, or request. e Contract. The current Certificate | | | |
| City, State, Zip Code 11. OTHER CHANGES/COMMENTS: Complete this section to indicate any o | Attached "VOID" Sample Check other contractual changes not covered elsegate, use the beneficiary and assignment for ip, use the Certificate Holdership change in the Signature instructions below. Ill be subject to all terms and conditions of the X Irrevocable Beneficiary ifficate Holder is a resident of AZ, CA, ID, LA, NV, NM out the spousal signature (if applicable), we will not be a | combine with Certificate # where in this form except: orms, or request. e Contract. The current Certificate //Assignee's Representative Signature Date I, TX, WA, or WI, spousal consent is required | | | |

Signature Requirements

The Certificate Holder's signature is required for all contractual changes. The Insured's signature is required on an application for increased coverage or change in Tobacco/Nicotine status if he or she is other than the Certificate Holder and is not a minor. An irrevocable beneficiary's signature and assignee's signature are required for items 4 through 7. Always provide the date you signed the form.

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