



POLICE AND FIREMEN'S INSURANCE ASSOCIATION

101 East 116th Street • Carmel, IN 46032 • 800-221-7342 • www.pfia1913.org

POLICY CHANGE FORM

*** PLEASE USE BLACK INK ***

Do not return policy unless you are surrendering the policy. Form must be completed and signed by the owner.

All of the information within this box is required for processing.

Policy Number _____ Insured _____

Phone _____ Address _____

Social Security No. _____ **Effective date for ALL changes** _____

Change of Beneficiary

Change primary beneficiary to: _____ Relationship _____

_____ Relationship _____

Change contingent beneficiary to: _____ Relationship _____

_____ Relationship _____

Change irrevocable beneficiary to: _____ Relationship _____

_____ Relationship _____

Said above change to become effective upon filing notice at the Home Office. Please attach the acknowledged copy of this endorsement to your policy. The right to change the beneficiary is reserved to the Owner without the beneficiary's consent.

Change of Billing

Reason for change _____

Name _____

Address _____

Change of Name

Reason for change* _____

Correct name of the Insured Beneficiary Owner (please print) _____

**Substantiate all changes, except those by marriage or divorce, by submitting attached hereto a copy of the court order or some other authentic record.*

Change in Mode of Premium Payment

Change mode of premium payment to: Annual Semi-Annual Quarterly Monthly ACH

Surrender of Policy

- I surrender the policy for the net cash value in accordance with the provisions and conditions of the policy. I understand that all insurance ceases and I release the Association from any and all claims and demands which arise under this policy. In accordance with the terms of the policy, it is hereby agreed that any indebtedness thereon to the Association will be deducted from the cash value. policy enclosed unable to locate/policy lost

Request for Duplicate Policy

- I certify that the policy identified above has been lost or destroyed and I have no knowledge of its whereabouts. Please issue a duplicate policy. If at any time the original policy is found, the duplicate policy will be returned to the Association. I hereby release the Association from all liability under the original policy.

Miscellaneous Changes

I hereby request the Association to change Policy No. _____ submitted herewith on the life of _____
_____ (hereinafter referred to as the original policy) by reissue or endorsement as follows:

- Cancel Premium Waiver Disability Benefit
- Date of birth to _____ (Must be substantiated by an authentic record, birth certificate or baptismal record, submitted herewith)
- Increase Disability Rider to \$400-800 \$600-1,200
- Increase Accidental Death Benefit to \$50,000 \$100,000
- Change Dividend Option to Cash Purchase Paid-Up Additions (if available)
 Reduction of premiums (if available) Accumulate at Interest (if available)
- Other changes _____

It is Understood and Agreed as Follows:

1. That I am to pay to or receive from the Association the net amount required to affect the change.
2. That the application on which the original policy was issued, together with this application, shall form the basis of the changed policy hereby applied for.
3. If the change applied for requires the cancellation and reissue of the original policy, then -
 - (a) I hereby offer to surrender the original policy with the understanding that the net cash value thereof (if any) is to be applied toward the payment of any amount due from me to affect such change. Any balance over and above such amount shall be paid to me.
 - (b) The Association will be liable on the changed policy from and after the approval of this application at its Home Office, but not prior to payment by me of such net amount as may be required to affect such change.
 - (c) All liability on the original policy shall cease at the same time that the Association's liability on the changed policy commences, unless the original policy cancels or expires before that time, in which event the Association's liability thereon shall not be extended nor shall liability on the changed policy be accelerated.
4. Any outstanding assignments of the original policy are to continue in effect as assignments of the changed policy.
5. The changed policy shall be payable to the same person or persons and in the same manner on record as of this date, unless change of beneficiary is requested on the reverse side hereof.
6. It is expressly represented and warranted that no other person, firm or corporation has any interest in said policy except the undersigned, and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

Signed at _____ this _____ day of _____, 20_____

Signature of Owner 1

Signature of Owner 2

Signature of Witness

Signature of Irrevocable Beneficiary

Must Complete Owner Information if DIFFERENT from the Insured

Owner Name _____ SSN _____

Owner Address _____

Owner Phone _____