



THE LAFAYETTE LIFE INSURANCE COMPANY  
(Company)  
400 Broadway  
Cincinnati, OH 45202-3341  
1-800-243-6631 FAX: 888-558-9329  
E-Mail: IndividualOperations@llic.com

## LIFE INSURANCE POLICY SERVICE REQUEST

POLICY NUMBER \_\_\_\_\_ INSURED \_\_\_\_\_

NAME OF POLICYOWNER \_\_\_\_\_

1. ☐ CHANGE OF NAME FOR ☐ Insured ☐ Beneficiary ☐ Owner ☐ Payor  
☐ CHANGE OF ADDRESS FOR ☐ Insured ☐ Beneficiary ☐ Owner ☐ Payor

OLD \_\_\_\_\_ NEW \_\_\_\_\_

2. **LOST POLICY:** Issue a ☐ Certificate at no charge or  
☐ Duplicate Policy (a fee of \$50.00 and Form 357 is required)

3. **CHANGE METHOD OF PREMIUM BILLING TO:** ☐ Annual ☐ Semiannual ☐ Quarterly  
☐ ASP (Automatic Surrender to Pay Premium) No further premium billings be submitted to me by the Company and that all future premiums for the policy be paid pursuant to the automatic surrender to pay premiums provision of the Rider(s). When the surrender value(s) of the Rider(s) is/are no longer sufficient to pay a premium to the next policy anniversary, the Company will resume premium billings to my last known address for premium notices contained in the Company's records.

*Graded Premium Whole Life:*

☐ Change to Level Premium Payment Method. Level Premium is \$\_\_\_\_\_ on anniversary date.

*Universal Life:* Change my billing amount to \$\_\_\_\_\_ or ☐ discontinue billing.

4. **CHANGE DIVIDEND OPTION TO:**

- ☐ Paid in cash  
☐ Applied to reduce premium  
☐ Left to Accumulate at interest  
☐ Used to buy Paid-Up Additions  
☐ Applied to reduce premiums with excess used to buy Paid-Up Additions  
☐ Applied to the policy loan with the excess Paid in Cash  
☐ Premium offset by dividends (when enough Paid-Up Additions/dividends have accumulated, use the current annual dividend and previous Paid-Up Additions/accumulated dividends to pay premium each year. When the dividend is greater than the premium, leave the excess dividend to purchase Paid-Up Additions/Accumulate at Interest.)

5. **POLICY LOAN:** *(If policy is a Modified Endowment Contract, check all appropriate items and complete Section 11.)*

- ☐ A policy loan of maximum value  
☐ I request a loan of \$\_\_\_\_\_ and that you ☐ mail a check OR  
☐ Special Instructions \_\_\_\_\_

*The policy and additions are assigned to the Company as security for this loan.*

☐ Preauthorized Withdrawal Loan Repayment: Add/Increase by \$\_\_\_\_\_ Stop/Decrease by \$\_\_\_\_\_

6. **DIVIDEND WITHDRAWAL/SURRENDER:** *(Check all appropriate items and complete Section 11)*

- ☐ Withdraw ☐ all or \$\_\_\_\_\_ of the Dividend Accumulation or the Paid-Up Additional Insurance Cash Value  
☐ Pay the value to the Company to be applied as  
☐ Use the current accumulation to purchase paid-up additions (Whole Life Policy only). Evidence of Insurability may be required

7. **AUTOMATIC PREMIUM LOAN (APL):** *(Check all appropriate items and complete Section 11)*

☐ Delete ☐ Add the provision if provided in the policy.



8. **NONFORFEITURE OPTION:** (APL will be deleted if applicable) (Check all appropriate items and complete Section 11)  
Change to: ☐ Extended Term Insurance ☐ Reduced Paid-Up Life Insurance

9. **PARTIAL CASH VALUE SURRENDER** *Subject to the terms of the policy* (Check all appropriate items and complete Section 11)

*Universal Life*

☐ Partial cash value surrender of \$\_\_\_\_\_ \* *The Death Benefit payable and the amount payable on the surrender of this policy will be reduced by the amount of the this partial surrender plus the amount of any surrender charges, effective on the Company's receipt of this request.* I warrant that this policy has not been pledged, assigned or otherwise transferred to any other person in whole or in part, and that no assignment for the benefit of creditors has been made, nor has any proceeding in bankruptcy been instituted by or against me. I certify that no vested rights in this policy have been granted to any beneficiary or other person by contract or court action. I understand that a charge will be deducted from the cash value of this policy to process this partial cash value surrender.

**\*Must be at least \$500 and can only be made where the policy's net cash value after the partial cash surrender is at least \$500.**

☐ Mail a check

☐ Special Instructions: \_\_\_\_\_

10. **Paid-Up Additions Rider(s)** (Check all appropriate items and complete Section 11:)

Whole Life Policies ONLY

☐ Cash value surrender of \$\_\_\_\_\_ \*\* If the policy has more than one Paid-Up Additions Rider, the cash value surrender will be from the oldest Rider, as determined by the Rider's issue date. **\*\*Must be at least \$500.**

☐ Mail a check

☐ Special Instructions: \_\_\_\_\_

11. **Notice of Withholding on Distribution (Not applicable to trustees of a qualified pension plan)**

**The Internal Revenue Service (IRS) requires that non-periodic distributions be subject to Federal Income Tax withholding of 10%, unless you elect that withholding not apply.** Withholding only applies to that portion of your distribution that is includible in your income subject to Federal Income Tax. If you elect that withholding not apply, or if you do not have enough Federal Income Tax withheld from your distribution, you may still be responsible for payment of an estimated tax and you may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

**Withholding Election** (Check one of the following):

If neither box is checked, the Company will automatically withhold 10% of the taxable amount of your distribution.

☐ **DO NOT** Withhold Federal Income Tax

☐ **DO** Withhold Federal Income Tax. Withhold at a rate of \_\_\_\_\_% (if blank, withholding will be at the rate of 10%)

Signed this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

\_\_\_\_\_  
Witness to your signature

\_\_\_\_\_  
Signature of Owner (Title, if applicable)

\_\_\_\_\_  
Witness' Address

\_\_\_\_\_  
Mailing Address of Owner

\_\_\_\_\_  
City State ZipCode

\_\_\_\_\_  
City State ZipCode

\_\_\_\_\_  
Signature of Spouse  
(Required by State Law in AZ, CA, ID, LA  
NV, NM, TX, WA, WI)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Social Security Number / Tax Identification Number

