

## **POLICY CHANGE LIFE INSURANCE FORM (90-1279-01) INSTRUCTIONS**

**Caution:** All outstanding delivery requirements must be satisfied through New Business, **PRIOR** to submitting a policy change

**Note:** A 90-1279-01 and 90-1619 are **NOT** interchangeable

A Policy Change Life Insurance form (90-1279-01) is to be used for **Prepaid/Reported** Portfolio and Variable Life Policy changes

An Unreported Policy Change (90-1619) is to be used for **Non-Prepaid or Prepaid approved other than as applied** for policy changes

**Step One:** Verify if a policy change is eligible in one of three ways.

1. Order a Policy Change Estimate
  - Available through policy change estimate system:
    - Prefilled policy change form (90-1279-01) based on estimate requested.
    - After change illustrations
  - Instructions are located on: Link Net/Client Service/Life Insurance/Inforce Policy Change/Policy Change Estimates
2. Refer to the Field Information Manual available through the Enterprise Resource Library
3. Call a Policy Change Customer Relations Representative at (800) 807-2665

**Step Two:** Discuss all available options with client

**Step Three:** Complete all necessary forms and requirements

1. Obtain a Policy Change Life Insurance form (90-1279-01) through the Service Request Center or through the policy change estimate system by clicking the Create Form option at the top of the screen.
  - Submit a separate form for each policy number (except if the change is a merger)
  - **IF underwriting** is required, obtain most underwriting forms by clicking on the hyperlink *Underwriting*, located on the 90-1279-01 Link Net/Fond eXpress page or through the policy change estimate system by clicking the Underwriting Forms option at the top of the screen.
2. Complete only the areas being changed
3. Owner must initial and date any alterations
4. Indicate amount collected in question 19 (Cost of change must be prepaid) and submit payment through usual procedure
5. Sign and date form
6. Submit completed Policy Change form to Home Office for input via fax (414-625-1295) or upload documents in the Work Planner.
  - Retain original policy contract, do not return to the home office
  - **IF underwriting** is required, include with policy change form
7. Once the change is completed:
  - A confirmation letter is mailed to the policyowner, to be kept with the original policy.
  - The Financial Representative receives a copy of the confirmation letter.
  - Plan changes and adding benefits will receive a new contract or the appropriate contract pages.

To be used for: Reported Policy Changes.  
Fax to: 414-625-1295

**POLICY NUMBER**  
**22354851**

**INSURED NAME** (First, Middle, Last)  
**Tyler Snyder**

(Complete one form for each policy, except mergers. Complete only the areas being changed.)

**2 AMOUNT** *An increase in amount is allowed only within 6 months from the date of issue. (Amount reductions: The amount that is discontinued is treated as a surrender.)*

Change in Amount: (Complete one) For Complife® Plans, use sections 5, 6, or 8.

- ☒ A. to \$ **100,000** **Amount Increase:** Was increase underwritten at issue?
- ☐ B. to Release Cash Value \$ \_\_\_\_\_ ☐ Yes, include copy of N.B. Linkgram offer
- ☐ C. Total Premium Remains Unchanged (including benefits) ☐ No (**underwriting required**)
- ☐ D. Change Results in No Cost or Refund
- ☐ E. Reduce Policy Debt to \$ \_\_\_\_\_

**18 REFUND PAYABLE TO**

If a refund results from this policy change, it will be used to reduce any debt on this policy. Any excess cash will be deposited to the payer's Insurance Billing Account (ISA). For policies not paid through ISA disbursements a check will be mailed. Trust owned contracts will only be made payable to the trust; personal or business owned contracts will only be made payable to the owner.

**19 AMOUNT COLLECTED** *(Cost of change must be prepaid)*

Amount Collected: \$ \_\_\_\_\_ ☐ ISA (use funds available in ISA)

☐ Cash (Check must be sent using normal process)

**20 REPLACEMENT** *(Must be answered for all changes)*

Yes ☐ \* this transaction is a replacement because the values and/or benefits of one or more other life insurance policies or annuity contracts (on the owner's life or the lives of others) will be affected as a result of this change.

If the "yes" box above is checked:

- The **agent** must submit any required papers and sales materials
- The **owner** must answer B. and C. below

- ☐ B. Will this change replace Northwestern Mutual? ☐ Yes ☐ No
- ☐ C. Will this change replace other Companies? ☐ Yes ☐ No

\* Failure to check the box above constitutes the owner's certification that **none** of the above is true and that the transaction is **not** a replacement.



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### CHANGE PROVISIONS

**Effective Date.** Attachment of a benefit, change of Insured, increase in amount or any change which results in an increase in risk will take effect as of the Start Date subject to the Conditional Life Insurance Agreement if applicable. The Start Date is the later of: the date the application is signed, or the date of the required Medical History Questionnaire, paramedical or medical examination, whichever is required. The increase in risk will be acceptable only if Company requirements place the Insured in the same or a lower premium classification than this policy or if the Owner agrees to pay the extra premium and any reserve charge. Changes which do not result in an increase in risk will take effect on receipt by the Company of an acceptable Policy Change Life Insurance form. A Policy Change Life Insurance form will be deemed acceptable based on conditions determined by the Company.

For **Variable Life** the effective date of the Policy Change is the date and time the change form, and all required information to process it, is received and deemed acceptable based on the conditions determined by the Company. If information is received after 3 p.m. Central Time, the policy change will be effective the next business day. A surrender charge may be assessed for reductions and certain plan type changes.

**Incontestability and Suicide.** The Incontestability and Suicide sections in the policy will apply to any increase in risk. For the purpose of these sections and with regard to any increase in risk, the date of issue will be the date the change or attachment of a benefit takes effect, and the term "application" will be deemed to include the Policy Change Life Insurance form and any related medical information submitted over the Insured's signature.

**Policy Provisions.** If the Policy Change does not result in the issuance of a new policy, then the policy will remain the same other than as specified in this form. If the Policy Change will result in the issuance of a new policy, then the current policy will be terminated and the terms of the new policy shall apply.

**Assignments.** Any assignments of the policy will remain the same and, if a new policy is issued, will be transferred and applied to the new policy.



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**22 SIGNATURE(S) WITH TITLE AND DATE**

\*When signing **on behalf of Company**, signor must be someone other than Insured

→ <input type="text"/>	→ <input type="text"/>	→ <input type="text"/>	→ <input type="text"/>
*Signature of <b>OWNER(S)</b> <b>Tyler Snyder</b> Individual or Authorized Co. Representative/Trustee	<b>Title</b>	Signature of <b>ASSIGNEE</b> Authorized Co. Representative (Only required if policy assigned)	<b>Title</b>
→ <input type="text"/>	→ <input type="text"/>		
Name of <b>BUSINESS/ENTITY/TRUST</b> is required (please print)	Name of <b>ASSIGNEE</b> (please print)		
→ <input type="text"/>	→ <input type="text"/>		
Signature of <b>INSURED</b> (Only required if evidence of insurability is needed)	Signature of <b>LICENSED AGENT</b> <b>Joshua Goodwin</b>		
→ <b>DATE</b> <input type="text"/> / <input type="text"/> / <input type="text"/> MM            DD            YYYY	→ <input type="text"/>		
	Signed at <b>CITY AND STATE</b>		
→ <input type="text"/>	→ <input type="text"/>		
Owner Taxpayer ID Number	<b>ONLY REQUIRED IF CHANGE CAUSES A TAXABLE EVENT</b> <b>Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number</b> Only required for <b>Florida</b> agents → <input type="text"/>		
	Agent's <b>Florida</b> License Identification Number		

**SIGNATURE INSTRUCTIONS:**

**Personal Policyowner** - Owner must sign name as it appears in the policy. If the policy is jointly owned all owners must sign.

**Business/Entity Owner(s)** - When signing on behalf of a business or entity, the signor must be someone authorized to conduct business other than the insured. If the insured is the only one authorized to sign, please call the Home Office at 1-800-807-2665 for an additional form, to avoid processing delays.

**Trust** - The form must be signed by the authorized trustee and the title "**trustee**" should appear after the signature

**ASSIGNED POLICIES** - The assignee must sign the form and their title should appear after the signature.

If the assignee is a business or entity, the signor must be someone authorized to conduct business other than the insured.

A personal assignee must sign name as it appears on the assignment. If the policy is jointly assigned all assignees must sign.



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**23 FIELD USE ONLY: If you accepted instructions from the policyowner, please complete this section.**

**Policy Change Instructions Accepted By:**

Name: Joshua Goodwin

ID# Type: ☒ Agent ☐ Field Staff ☐ CRD

ID#: C5882

**24 Number of Agents: 1**

**This section must be completed by the agent for all policy changes.**

1. Production and Commission Credit will be based on the designations below.
2. Any changes required in the interest of the Writing Agent under current regulations on Policy Changes will be made by the Agency.

<b>AGENT NUMBER</b> (Servicing Agent First)	<b>AGENT'S FULL NAME</b> (Last Name First)	<b>% INTEREST</b>	<b>CONTRACT TYPE</b> Primary or Secondary (P or S)	<b>If Contract Type "S", enter secondary Agent Number</b>
<b>C5882</b>	<b>Goodwin, Joshua</b>	<b>100.00</b>	<b>P</b>	

General Agent's Contract Number (5 digits)	Agent's Telephone Number <b>(509) 838-5246</b>	Ext.: <b>273</b>	Agent's Fax Number <b>(509) 459-9152</b>
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**REMARKS**

