

TELEPHONE #: (800) 807-2665 FAX # (414) 625-1295

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

<u>Caution:</u> 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)
 - <u>IF underwriting</u> is required, obtain most underwriting forms by clicking on the hyperlink <u>Underwriting</u>, 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.

The Northwestern Mutual Life Insurance Company *720 East Wisconsin Avenue, Milwaukee, Wisconsin 53202* 414 271-1444 www.northwesternmutual.com

90-1279-01 (0717) INSTRUCTIONS eF





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

POLICY NUMBER 22354851	INSURED NAME (First, Middle, Last) Tyler Snyder				
•	ach policy, except mergers. Complete only the areas being cl	-			
	In increase in amount is allowed only within 6 months fro is treated as a surrender.)	m the date of issue. (Amount reductions: The amount that is			
Change in Am	ount: (Complete one) For Complife Plans, use section	s 5, 6, or 8.			
✓ A. to \$ 1	00,000	Amount Increase: Was increase underwritten at issue?			
_	lease Cash Value \$	Yes, include copy of N.B. Linkgram offer			
	Premium Remains Unchanged (including benefits)	○ No (underwriting required)			
D. Chang	ge Results in No Cost or Refund				
E. Redu	ce Policy Debt to \$				
18 REFUND P	AYABLE TO				
payer's Insura	ance Billing Account (ISA). For policies not paid through	any debt on this policy. Any excess cash will be deposited to the h ISA disbursements a check will be mailed. Trust owned ss owned contracts will only be made payable to the owner.			
19 AMOUNT	COLLECTED (Cost of change must be prepaid)				
	Collected.	available in ISA) nust be sent using normal process)			
20 REPLACEM	1ENT (Must be answered for all changes)				
Yes = * this con	transaction is a replacement because the values and/otracts (on the owner's life or the lives of others) will be	or benefits of one or more other life insurance policies or annuity affected as a result of this change.			
• The	yes" box above is checked: agent must submit any required papers and sales mat owner must answer B. and C. below	rerials			
B. Will thi	s change replace Northwestern Mutual? Yes	No			
C. Will th	is change replace other Companies?	No			
	neck the box above constitutes the owner's certification not a replacement.	n that none of the above is true and that the			

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POLICY NUMBER **22354851**

INSURED NAME (First, Middle, Last)

Tyler Snyder

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.

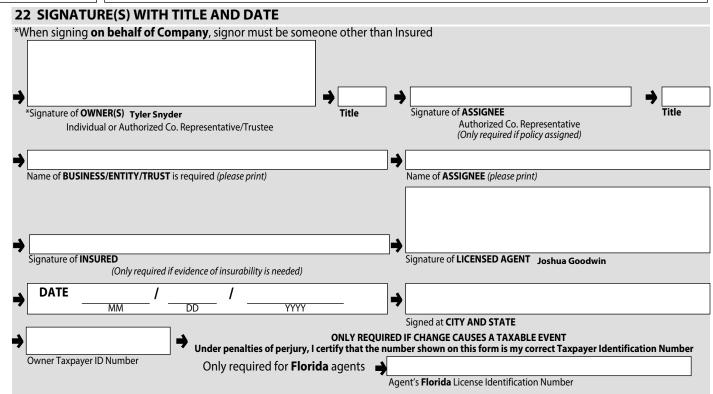
Assignments. Any assignments of the policy will remain the same and, if a new policy is issued, will be transferred and applied to the new policy.

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POLICY NUMBER 22354851

INSURED NAME (First, Middle, Last)

Tyler Snyder



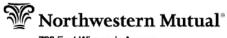
SIGNATURE INSTRUCTIONS:

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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ICY NUMBER 354851	INSURED Tyler S	NAME (First, Middle, L Snyder	.ast)					
3 FIELD USE C	NLY: If y	ou accepted i	nstructions from th	e policyo	wner,	please comple	te this section.	
Policy Change	Instruction	ns Accepted By:						
Name: J	Joshua God	odwin	ID# Type: 🗴 Agent [Field Staff	☐ CRD	ID#: C5882		
			,, = -					
24 Number o	_							
		, -	all policy changes. on the designations below.					
2. Any changes req	uired in the		ng Agent under current regu				the Agency.	
AGENT NUMBE (Servicing Agent First)	:R	AGENT'S FULL NAME (Last Name First)				CONTRACT TYPE mary or Secondary (P or S)	If Contract Type "S", enter secondary Agent Number	
C5882	Goo	Goodwin, Joshua		100.00		Р		
General Agent's	Contract Nu	mber (5 digits)	Agent's Telephone Numb	per E	xt.:	Agent's Fax Numb	per	
			(509) 838-524		273	(509) 45		
REMARKS								

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