

CUSTOMER SERVICE REQUEST

Please complete a separate form for each policy.

Policy Number _____ Insured Name: _____ Owner Name: _____

Policyowner Taxpayer Identification Number (Enter Last 4 Numbers of Social Security or Employer Identification) XXX - XX - _____

1. ☐ **ADDRESS CHANGE**

☐ Insured ☐ Owner ☐ Payor ☐ Other _____ Effective date of change _____
(Relationship to policy)

Street Address _____ If address is seasonal, effective from _____ to _____
Apt. or Suite Number _____ Email Address _____
City _____ State _____ Zip _____ Home Phone: _____ Work Phone: _____
Cell Phone: _____

☐ Change the address on this policy and on the following policies: _____

2. ☐ **APPLICATION FOR DUPLICATE POLICY**

Each of the undersigned hereby certifies that to the best of his or her knowledge and belief: the above-referenced policy has been lost or destroyed, and is not in the possession, custody or control of any person, firm or corporation; and that neither said policy nor any interest therein has been assigned or in any way transferred or encumbered.

Application is hereby made for the issuance of a duplicate of said policy, and in consideration of the issuance of such duplicate, each of the undersigned hereby releases and discharges Security Mutual Life Insurance Company of New York from any and all claims and demands now or hereafter arising in any way from or on account of the policy so lost or destroyed (including any previously issued duplicate thereof). Each of the undersigned fully understands and agrees that only one policy (the duplicate hereby applied for) shall be in force.

3. ☐ **APPLICATION FOR PAID UP INSURANCE ***

The undersigned hereby requests paid up insurance in accordance with the non-forfeiture provisions of the above-referenced policy.

4. ☐ **APPLICATION FOR EXTENDED TERM INSURANCE ***

The undersigned hereby requests paid up extended term insurance in accordance with the non-forfeiture provisions of the above-referenced policy.

5. ☐ **APPLICATION FOR POLICY LOAN ***

The undersigned policyowner hereby applies for a loan in the amount of \$_____ in accordance with the loan provisions of the above-referenced policy. Such loan shall bear interest and be subject to all the terms and conditions of said policy regarding loans.

The undersigned policyowner hereby assigns said policy to Security Mutual Life Insurance Company of New York as collateral security for payment of said loan and interest. The undersigned policyowner hereby certifies that the above referenced policy is not now assigned, pledged or hypothecated except _____, and that the undersigned policyowner has not previously been adjudged bankrupt and that no proceedings in bankruptcy are now pending against the undersigned policyowner. Interest on the loan will be due on each succeeding anniversary and will accrue on a daily basis from the date of the loan. If the interest is not paid when due, it will be added to the amount of the loan and will bear interest at the same rate as the rest of the loan. A loan may reduce dividends paid on the policy. Any time the policy loan and loan interest equal or exceed the policy's cash value, the policy will terminate without further value. At least 31 days prior to termination a notice will be mailed to the policyowner and any assignee of record specifying the amount that will need to be paid to bring the policy loan balance back within the limit and keep the policy in force.

NOTE: If a loan is outstanding when the policy terminates, the borrowed amount becomes taxable to the extent, if any, that it exceeds the policy owner's cost basis in the policy.

Important Notice to Modified Endowment Contract (MEC) Owners:

Under the current tax law, money taken from a MEC in the form of policy or premium loans, partial surrenders, assignments, pledges, withdrawals, or loans secured by the policy are subject to income tax and possibly penalties. Accordingly, the action you are taking may have income tax consequences. The amount of the distribution (to the extent of policy gains) must be included in the policyowner's gross income and is taxed at ordinary income-tax rates. Policy gain equals the difference between the cash value and the net investment in the policy (cost basis). Please consult with your attorney or tax advisor before acting.

Policy Number _____ Insured Name: _____ Owner Name: _____

Loan Request Submissions By Electronic Means

For Worksite Policy (policy number of which begins with 00M, 00F, 00P, 01M or 02M) loan requests of \$10,000 or less, the undersigned policyowner agrees that a copy of this document transmitted by facsimile or other electronic means shall be as valid and binding as the originally executed document and will indemnify and hold the Company harmless from any liability incurred by the Company in reliance thereon. You may fax your request for policy loan amounts of \$10,000 or less to the Security Mutual Benefits Division at 607-723-5651. The policyowner's and witness' wet-ink signatures are required on the original form for loan amounts greater than \$10,000.

For loan requests of \$25,000 or less under all other policies the undersigned policyowner agrees that a copy of this document transmitted by facsimile or other electronic means shall be as valid and binding as the originally executed document and will indemnify and hold the Company harmless from any liability incurred by the Company in reliance thereon. You may fax your request for policy loan amounts of \$25,000 or less to the Security Mutual Individual Client Service Department at 607-722-0598. The policyowner's and witness' wet-ink signatures are required on the original form for loan amounts greater than \$25,000.

6. ☐ **AUTOMATIC PREMIUM LOAN ***

The automatic premium loan election, in accordance with the provisions set forth in the above-referenced policy, is hereby:

☐ Requested ☐ Cancelled

While the automatic premium loan election is in effect, the Company will pay any premium that is unpaid at the end of the grace period by a loan which the Company will automatically advance, provided there is sufficient value in the policy. Interest payable on the loan will be due each succeeding anniversary and will accrue on a daily basis from the date of the loan. If the interest is not paid when due, it will be added to the amount of the loan and will bear interest at the same rate as the rest of the loan. A loan may reduce dividends paid on the policy. Any time the policy loan and loan interest equal or exceed the policy's cash value, this policy will terminate without further value. At least 31 days prior to termination a notice will be mailed to the policyowner and any assignee then recorded on the Company's records specifying the amount that will need to be paid to bring the policy loan balance back within the limit and keep the policy in force.

Note: If a loan is outstanding when the policy terminates, the borrowed amount becomes taxable to the extent, if any, that it exceeds the policy owner's cost basis in the policy.

Important Notice to Modified Endowment Contract (MEC) Owners:

Under the current tax law, money taken from a MEC in the form of policy or premium loans, partial surrenders, assignments, pledges, withdrawals, or loans secured by the policy are subject to income tax and possibly penalties. Accordingly, the action you are taking may have income tax consequences. The amount of the distribution (to the extent of policy gains) must be included in the policyowner's gross income and is taxed at ordinary income-tax rates. Policy gain equals the difference between the cash value and the net investment in the policy (cost basis). Please consult with your attorney or tax advisor before acting.

7. ☐ **DIVIDEND ACCUMULATION USE CHANGE**

The option to use dividend accumulations to pay unpaid premium, is hereby: ☐ Requested ☐ Cancelled

8. ☐ **DIVIDEND OPTION CHANGE *** *Note: Cannot be used for any one year term transactions.*

- ☐ Reduction of premium (available only on Anniversary billing mode) ☐ Accumulate at interest
☐ Increase cash value (Not Available on all Plans) ☐ Reduction of loan ☐ Paid in cash
☐ Purchase paid up additional insurance (Not available on term policies)

9. ☐ **NAME CHANGE** *Note: This request is **not** to be used to designate a **new** beneficiary, owner or contingent payee.*

☐ Insured ☐ Owner ☐ Other _____
(Relationship to policy)

From: _____ To: _____

The REASON for the change is: ☐ Marriage ☐ Divorce ☐ Other (explain) _____

10. ☐ **PREMIUM MODE CHANGE**

Important Note: An additional charge may apply if premiums are paid other than annually based on the type of policy owned. The additional charge varies based on the payment mode selected. If you want to know the additional charge for the mode selected, expressed either as a dollar amount and/or APR (Annual Percentage Rate), please contact Customer Service at 1-800-765-6668.

To: ☐ Annual ☐ Quarterly (Life Insurance only) ☐ Semi-Annual
☐ Electronic Funds Transfer (Must complete Form 0005350XX and provide sample check marked "VOID")

Effective date of change _____

Policy Number _____ Insured Name _____ Owner Name: _____

11. ☐ SURRENDER OF DIVIDENDS *

Please surrender \$_____ of the present value of the dividend values (paid up additional insurance or dividend accumulations) now standing to the credit of the above-referenced policy. The proceeds are to be distributed as follows:

☐ Paid in cash ☐ Applied to reduce the policy loan balance ☐ Applied to reduce the premium due _____
(Enter Date)

12. ☐ DATE OF BIRTH CORRECTION

Please provide the correct date of birth along with acceptable proof. (Ex. Driver License, Copy of Passport, Copy of Birth Certificate)

☐ Owner ☐ Insured ☐ Other

MM/DD/YYYY

13. ADDITIONAL REQUEST/COMMENTS

14. SIGN HERE FOR ALL REQUESTS

Signed at (City and State): _____ Date: _____

Policyowner Name (Printed): _____

Policyowner Signature: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____ E-Mail: _____

Signature of policyowner (if a corporation, trust or partnership, provide full name of entity followed by the signature and title of the authorized officer, partner or trustee signing.)

Third Party Witness Signature: _____

Print Name of Witness: _____

Witness Address: _____

The third party witness should be an individual other than the insured, policyowner, spouse (if residing in a community property state), irrevocable beneficiary, collateral assignee or any individual required to sign this form.

Note: changes denoted with a * require the signature of the irrevocable beneficiary (all states), the spouse (if residence is in or policy was issued in a community property state) and the collateral assignee.

* Collateral Assignee Signature (if policy Collaterally Assigned): _____
If the Collateral Assignee is a corporation, trust or partnership, provide full name of entity followed by the signature and title of the authorized officer, partner or trustee signing.

* Spouse Signature (if issued in or residing in a Community Property State): _____
Signature of spouse is required if the policy was issued in or the policyowner resides in one of the following community property states:
Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin.

- If not married, indicate this on the form on the spouse's signature line.
- If divorced, we must have a copy of the divorce decree page that specifies the disposition of this specifically named policy, and a copy of the divorce decree signature page (we do not need the entire decree.)
- If widowed, we must have a copy of the spouse's death certificate. Please contact the home office for additional requirements.

* Beneficiary Signature (if presently irrevocable): _____