

Lincoln Mutual Life & Casualty Insurance Company

4510 13th Avenue South • P.O. Box 1918, Fargo, ND 58107-1918 1-800-325-6915

Service Request

Policy No. _____ Insured _____

1. CHANGE NAME OF: Insured Owner Payor Phone No. of Owner _____

Former Name _____ New Name _____

Reason: Marriage Divorce Correction Other _____ Date of Name Change _____ Please Print

2. CHANGE MODE TO: Annual Semi-Annual Quarterly Automatic Bank Deduction

3. CHANGE OWNER TO: _____
Name

Address

City, State, Zip _____ New Owner's Social Security Number _____

4. NON-FORFEITURE ELECTION:
 Paid-up policy for reduced amount Fully paid-up policy Extended Term Insurance

5. CASH SURRENDER **(Policy MUST be returned with this form)**

6. LOAN:
 Send check for \$ _____ Maximum loan amount
 Pay premiums from _____ to _____ on Policy No. _____

7. WITHDRAWAL:
 Annuity \$ _____
 Pay premiums from _____ to _____ on Policy No. _____

8. DUPLICATE POLICY
I certify that I have been unable to find the above described policy. I request the issuance of a duplicate policy or certificate of insurance, should duplicate forms not be available. I agree: (A) that upon the issuance of a duplicate policy or certificate, the original policy shall be null and void; (B) if said original is found, it will be immediately returned to Lincoln Mutual Life & Casualty Insurance Company. I agree that the Company shall be free of all liability under the original policy.

9. MISCELLANEOUS

Dated at _____ this _____ day of _____, 20 _____.

Witness

Witness

Signature of Present Owner

Signature of Joint Owner or Spouse (when required)

Social Security Number of Owner