





**United Home Life Insurance Company**  
**United Farm Family Life Insurance Company**  
 225 South East Street, P.O. Box 7192  
 Indianapolis, Indiana 46207-7192  
 Phone: 800-428-3001 Fax: 317-692-8402



**Request for Policy Changes**

Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

- Reduce Policy Face Amount to \_\_\_\_\_
- Change Dividend Option to: \_\_\_\_\_
- Remove or Reduce the following Benefits or Riders \_\_\_\_\_

- Exercise Non Forfeiture Option (In accordance with policy provisions)  
 In lieu of additional premium payments, I request the following Non Forfeiture Option:  
 Extended Term  Reduced Paid Up (Extinguishing Loan)

- Request for Non Smoker/Non-Tobacco Discount (**Insured signature required below**)

In consideration and forming a part of the policy designated above, and for the express purpose of inducing the company to reissue the policy on a non smoker (or non-tobacco) rating, I hereby represent the following to be true (select one of the following):

Has the Insured used nicotine in any form in the past 12 months?  yes  no  
 If "yes", indicate  cigarettes  cigars  pipe  chewing  snuff  other \_\_\_\_\_ (nicotine replacement products)  
 Used nicotine in any form in the past and quit?  yes  no  
 If "yes", date last used? \_\_\_\_\_

- Other request: \_\_\_\_\_

- Change Premium Mode:  Direct Monthly  Direct Quarterly  Direct Semi Annual  Direct Annual  
 EFT (Form 200-188 Required & Non-Starter Void check)

**If any requests above are marked, then the signature section must be completed at the bottom of this page.**

**THE FOLLOWING SECTION MUST BE COMPLETED FOR TAXABLE POLICY CHANGES**

**I, the policy owner, hereby certify under penalties of perjury, that the Social Security number provided below is true, correct, and complete. (Failure to do so will result in Backup Withholding.)**

In accordance with the provisions of the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982

- I **DO NOT** want Federal Income Tax withheld from my distribution.  
 If you elect not to have Federal Income Tax withheld, you are responsible for payment of any tax due on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Such distribution is taxable in the year payment is made.
- I elect to have Federal Income Tax withheld according to the applicable withholding provisions of the Tax Equity and Fiscal Responsibility Act of 1982. We will withhold 10% of the taxable distribution. If you wish a higher percentage, then indicate the amount to withhold here \_\_\_\_\_.

**IF NO ELECTION IS MADE AND IF THERE IS A TAXABLE DISTRIBUTION, THE DEFAULT WILL BE NOT TO WITHHOLD FEDERAL INCOME TAX**

I (we) certify that no other person, firm, or corporation has any interest in this policy except the undersigned and that no proceedings in bankruptcy or insolvency have been instituted or are pending against the undersigned. In the event the cash or loan stated in said policy is less than the amount of loan applied for, the Company is authorized to reduce the loan applied for to a sum not exceeding the cash or loan value. I (we) further certify that if this is a surrender of a qualified annuity, I understand the penalties of such a surrender and that I may apply the cash surrender value of this policy to another tax-sheltered plan within 60 days without tax penalty.

**RELEASE OF INTEREST: Required Completion if the owner lives in a Community Property State.**

I (print full name) , \_\_\_\_\_ spouse/former spouse of the owner of the above policy, hereby release all rights, title and interest which I may have in this policy now or in the future, by virtue of the Community Property Laws of the State of \_\_\_\_\_.

Signature (Spouse/Former Spouse) \_\_\_\_\_ Designate Relationship \_\_\_\_\_ Date \_\_\_\_\_

**ANY ASSIGNEE OR IRREVOCABLE BENEFICIARY WILL NEED TO SIGN BELOW**

**DO NOT SIGN OR WITNESS A BLANK FORM**

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Foreign Citizenship of Owner/Insured requires an IRS Form W-8 BEN unless holder of Green Card or E-2 Visa.

X \_\_\_\_\_  
 Signature of Owner  
 \_\_\_\_\_  
 Owner's Social Security No. (TIN) Signature of Insured  
 \_\_\_\_\_  
 Owner's Address  
 \_\_\_\_\_  
 Owner's City/State/Zip Code

X \_\_\_\_\_  
 Signature of Witness  
 X \_\_\_\_\_  
 (Required for Nonsmoker/Nontobacco Request)  
 X \_\_\_\_\_  
 Assignee/Irrevocable Beneficiary  
 \_\_\_\_\_  
 Date

**HOME OFFICE USE ONLY**

The foregoing request accepted on \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

By Secretary Lynn B. Jongleux \_\_\_\_\_  
 Authorized Company Representative