



An AXA Financial Company

POLICY OWNER SERVICE REQUEST

POLICY NUMBER
INSURED
POLICY OWNER
POLICY OWNER DATE OF BIRTH
AGENT

FOR OFFICE USE ONLY:
REQUEST APPROVED:
ON:
BY:
U.S. FINANCIAL LIFE INSURANCE CO.

CHECK AND COMPLETE THE APPROPRIATE ITEM(S). SIGN AND DATE ON THE REVERSE SIDE

1. NAME CHANGE OR CORRECTION

Insured Owner Beneficiary Payor

Name of the above should be changed in the company records from to

Reason:
(If reason for change is other than marriage, provide copy of legal documentation.)

2. ADDRESS CHANGE OR CORRECTION

Insured Owner Beneficiary Payor

New Address

3. CHANGE MODE OF PREMIUM PAYMENT TO

Annual Semiannual Quarterly PAC Monthly Other

*Authorization form needed to request monthly electronic draft. Complete the Electronic Authorization Form and provide with this request.

4. CHANGED PLANNED PREMIUM

Change planned modal premium from to
*USFL recommends an inforce illustration prior to decreasing premium on a Universal Life product.

5. POLICY LOAN

Net amount of \$
Gross amount of \$
Maximum amount allowable

* If policy is assigned, you must include assignee's signature for loans, withdrawals and surrenders

6. PARTIAL WITHDRAWAL

A partial withdrawal is hereby requested in the amount of \$
NOTE: Subject to the limits stated in your policy. A withdrawal fee may apply.

7. POLICY SURRENDER (submit policy)

The cash surrender value is hereby requested and will be accepted in full payment and release of all claims under the policy. I/we hereby declare that no bankruptcy, divorce, or separation proceedings, attachments, tax or other lien is pending against me/us. If policy is lost, please check lost policy statement below.

Life Insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop around and seek advice from different financial advisers in order to find the option best suited to your needs.

8. TAX WITHHOLDING

This distribution may be subject to federal and state taxation. Please complete the following withholding election:

Yes, withhold taxes from my distribution (10% unless otherwise indicated).

No, do not withhold taxes from my distribution.

RIGHTSHOLDER'S (OWNER'S) TAXPAYOR ID OR SOCIAL SECURITY NUMBER: _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT (i) THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYOR IDENTIFICATION NUMBER, AND (ii) I AM NOT SUBJECT TO BACKUP WITHHOLDING BECAUSE (a) I AM EXEMPT FROM BACKUP WITHHOLDING OR (b) I HAVE NOT BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE (IRS) THAT I AM SUBJECT TO BACKUP WITHHOLDING OR (c) THE IRS HAS NOTIFIED ME THAT I AM NO LONGER SUBJECT TO BACKUP WITHHOLDING AND (iii) I AM A U.S. PERSON (INCLUDING A U.S. RESIDENT ALIEN).

CERTIFICATION INSTRUCTIONS: You must cross item (ii) above if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

9. LOST POLICY STATEMENT/DUPLICATE POLICY

I declare the above policy has been lost or misplaced and request the company to issue a document describing the terms of the policy. I agree to return this document if the original policy is found.

10. OTHER REQUEST(S)

WE AGREE THAT MY/OUR SIGNATURE(S) BELOW SHALL APPLY TO EACH REQUEST WHICH HAS BEEN CHECKED ON BOTH SIDES OF THIS FORM. NOTICE: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

Dated At _____ X _____
City State Signature of Insured

Date _____ X _____
Signature of Owner

X _____ X _____
Signature of Witness Signature of Assignee

X _____
Signature Of Irrevocable Beneficiary

*Anytime a policy is corporate owned, an officer of the company other than the insured must sign as the owner.