



THE LAFAYETTE LIFE INSURANCE COMPANY
(Company)
400 Broadway
Cincinnati, OH 45202-3341
1-800-243-6631 FAX: 888-558-9329
E-Mail: IndividualOperations@llic.com

LIFE INSURANCE POLICY SERVICE REQUEST LETTER

POLICY NUMBER _____ INSURED _____

NAME OF POLICYOWNER _____

1. CHANGE OF NAME FOR Insured Beneficiary Owner Payor
 CHANGE OF ADDRESS FOR Insured Beneficiary Owner Payor

OLD _____ NEW _____

2. **LOST POLICY:** Issue a Certificate at no charge or
 Duplicate Policy (a fee of \$50.00 and Form 357 is required)

3. **CHANGE METHOD OF PREMIUM BILLING TO:** \$ _____ Annual Semiannual Quarterly
Universal Life: Change my billing amount to \$ _____ or discontinue billing.

Graded Premium Whole Life:

- No further premium billings be submitted to me by the Company and that all future premiums for the policy be paid pursuant to the automatic surrender to pay premiums provision of the Rider(s). When the surrender value(s) of the Rider(s) is/are no longer sufficient to pay a premium to the next policy anniversary, the Company will resume premium billings to my last known address for premium notices contained in the Company's records.
 Change to Level Premium Payment Method. Level Premium is \$ _____ on anniversary date.

4. **POLICY LOAN:** (If policy is a Modified Endowment Contract please complete Section 10 also.)

- A policy loan of maximum value
 I request a loan of \$ _____ and that you mail a check OR
 Special Instructions _____

The policy and additions are assigned to the Company as security for this loan.

- Preauthorized Withdrawal Loan Repayment: Add/Increase by \$ _____ Stop/Decrease by \$ _____

5. **CHANGE DIVIDEND OPTION TO:**

- Paid in cash
 Applied to reduce premium
 Left to Accumulate at interest
 Used to buy Paid-Up Additions
 Applied to reduce premiums with excess used to buy Paid-Up Additions
 Applied to the policy loan with the excess Paid in Cash
 Premium offset by dividends (when enough Paid-Up Additions/dividends have accumulated, use the current annual dividend and previous Paid-Up Additions/accumulated dividends to pay premium each year. When the dividend is greater than the premium leave the excess dividend to purchase Paid-Up Additions/Accumulate at Interest.)

6. **DIVIDEND WITHDRAWAL/SURRENDER:** (Check all appropriate items and complete Section 10)

- Withdraw all or \$ _____ of the Dividend Accumulation or the Paid-Up Additional Insurance Cash Value.
 Pay the value to the Company to be applied as
 Use the current accumulation to purchase paid-up additions (Whole Life Policy only). Evidence of Insurability may be required.

7. **AUTOMATIC PREMIUM LOAN (APL):** Delete Add the provision if provided in the policy.

8. **NONFORFEITURE OPTION:** (APL will be deleted if applicable)

Change to: Extended Term Insurance Reduced Paid-Up Life Insurance

9. **PARTIAL CASH VALUE SURRENDER Subject to the terms of the policy (Complete Section 10 also):**

Universal Life

Partial cash value surrender of \$ _____ * *The Death Benefit payable and the amount payable on the surrender of this policy will be reduced by the amount of the this partial surrender plus the amount of any surrender charges, effective on the Company's receipt of this request.* I warrant that this policy has not been pledged, assigned or otherwise transferred to any other person in whole or in part, and that no assignment for the benefit of creditors has been made, nor has any proceeding in bankruptcy been instituted by or against me. I certify that no vested rights in this policy have been granted to any beneficiary or other person by contract or court action. I understand that a charge will be deducted from the cash value of this policy to process this partial cash value surrender. ***Must be at least \$500 and can only be made where the policy's net cash value after the partial cash surrender is at least \$500.**

Paid-Up Additions Rider(s)

Cash value surrender of \$ _____ ** If the policy has more than one Paid-Up Additions Rider, the cash value surrender will be from the oldest Rider, as determined by the Rider's issue date. ****Must be at least \$500**

Mail a check to the address stated below:

Special Instructions:

10. **Notice of Withholding on Distribution (Not applicable to trustees of a qualified pension plan)**

The Internal Revenue Service (IRS) requires that non-periodic distributions be subject to Federal Income Tax withholding of 10%, unless you elect that withholding not apply. Withholding only applies to that portion of your distribution that is includible in your income subject to Federal Income Tax. If you elect that withholding not apply, or if you do not have enough Federal Income Tax withheld from your distribution, you may still be responsible for payment of an estimated tax and you may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Withholding Election (Check one of the following):

If neither box is checked, the Company will automatically withhold 10% of the taxable amount of your distribution.

DO NOT Withhold Federal Income Tax

DO Withhold Federal income Tax. Withhold at a rate of _____ % (if blank, withholding will be at the rate of 10%)

Signed this _____ day of _____ year _____

Witness to your signature

Signature of Owner

Witness' Address

Mailing Address of Owner

City State Zip Code

City State Zip Code

Signature of Spouse
(When Required by State Law)

Telephone Number

Social Security Number / Tax Identification Number