Professional Insurance Company In California, PIC Life Insurance Company

Signature of New Owner: _

Mailing Address: PO Box 80637, Lincoln, NE 68501-0637 • 800-289-1122

POLICYHOLDER'S REQUEST FOR CHANGE

Policy No.(s)				
☐ Section 1: Change of Beneficiary				
Name and Address of Primary Beneficiary	Relationship	Date of Birth	Social Security #	Settlement Request, If Any (Use percentage only. Do not use dollar amounts.)
Name and Address of Contingent Beneficiary	Relationship	Date of Birth	Social Security #	Settlement Request, If Any (Use percentage only. Do not use dollar amounts.)
The insured reserves the right to further change the beneficiary	/ without the consent	of the beneficiary.	1	
Castian 2: Change of Name				
☐ Section 2: Change of Name				
From:Last First Middle	To:	Last	Fire	Middle
By Reason of: Correction Marriage Court Ord				
Prior Signature:			(*Copy of legal docume	ent required)
☐ Section 3: Request for Certificate of Lost	Policy or Dupl	icate Policy		
Request for Certificate of Lost Policy (No Charge) (Policy over 5 years in age)	Reason for Request Cannot Locat	e Original Policy		
☐ Request for Duplicate Policy (\$15 Charge) (Policy under 5 years in age)		ved Original Policy		
☐ Section 4: Accident and Health Cancellat	ion of Coversa	o Only		
Section 4. Accident and Health Cancellat	ion of coverag	e Omy		
1	, ow	ner of the above po	licy(ies), would like to	o cancel.
☐ Section 5: Ownership Change				
Change Owner From:	Mide	ula.		
	IVIId		Cocial Security #	
To:	Middle	·		
Address:Street Address		City	State	Zip Code

continued on reverse side ESG-P0575 04/03

	Section 6: Change Ir	n Benefit Or Co	verage							
	Policy #	(If coverage is to be increased, a new application is required.)								
	Policy #	(ii coverag	e 12 10 ne	increased, a new application is required.)						
	Benefit Amount from \$:			to \$:						
	Docrosco Covorsgo for:	Snouso	□ Othor							
	Decrease Coverage Ioi.	Spouse Ciliu								
	Specific Details/Instructions: _									
	Section 7: Other									
Date	9:	Signature of Witness								
Sigr	nature of Insured:			Signature of Owner:						
		Required			Required if other than	n primary Insured				
0wr	ner's Mailing Address:	Street Address		City	State	Zip Code				