

In California, PIC Life Insurance Company

POLICYHOLDER'S REQUEST FOR CHANGE

☐ Section 1: Change of Beneficiary

The insured reserves the right to further change the beneficiary without the consent of the beneficiary.

Prior Signature: _____ (*Copy of legal document required)

☐ Request for Duplicate Policy (\$15 Charge)
(Policy under 5 years in age)

I _____, owner of the above policy(ies), would like to cancel.

Signature of New Owner: _____

04/03

☐ **Section 6: Change In Benefit Or Coverage**

Policy #: _____ (If coverage is to be increased, a new application is required.)

Benefit Amount from \$: _____ to \$: _____

Decrease Coverage for: ☐ Spouse ☐ Child ☐ Other _____

Specific Details/Instructions: _____

☐ **Section 7: Other**

Date: _____ Signature of Witness: _____

Signature of Insured: _____ Required Signature of Owner: _____ Required if other than primary Insured

Owner's Mailing Address: _____
Street Address City State Zip Code