



SERVICE REQUEST FORM Life Insurance

LIST ALL INSURANCE POLICIES TO BE UPDATED: _____

INSURED MEMBER INFORMATION:

Name: _____ Branch #: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone: _____ Date of Birth: _____ Social Security #: _____

PLEASE SELECT BOX FOR THE SERVICE YOU ARE REQUESTING:

CHANGE OF OWNER: I hereby assign, transfer, and set over all rights, titles, interest and incidents of ownership to the following policy(s): _____

Current Owner Information:

Name: _____ Social Security # / Tax ID #: _____
Address: _____
Email: _____ Phone: _____
Signature: _____ Date of Birth: _____

New Owner Information:

Name: _____ Social Security # / Tax ID #: _____
Address: _____
Email: _____ Phone: _____
Signature: _____ Date of Birth: _____

As the separate property and estate of the Assignee with the right to exercise all rights, benefit privileges, and, if any, to change the beneficiary, and agree with the FCSU Financial as to any release, modification, or amendment to the policy.
(Note: In recording the Change of Owner, FCSU assumes no responsibility for its validity or legal effect.)

REQUEST FOR NAME CHANGE: I, the undersigned, hereby request the FCSU Home Office to change the surname on the above policy(s) to:

Name: _____

POLICY LOAN REQUEST: I hereby apply for a loan on policy # _____ in the amount of \$ _____

YOUR POLICY INDEX PAGE MUST BE SUBMITTED WITH THIS REQUEST

SURRENDER CASH VALUE OF POLICY

I hereby surrender my policy for its total cash value

YOUR POLICY INDEX PAGE MUST BE SUBMITTED WITH THIS REQUEST

TRANSFER CASH VALUE TO EXISTING OR NEW ANNUITY (Non-qualified accounts only)

Contact Home Office. Additional Paperwork Required

DECLARATION OF LOST POLICY: I hereby certify that the following policy(s) _____ issued by the FCSU has been lost and that no persons, partnership, corporation or other entity has any claim or interest in said policy or its benefits by virtue of any gift, sale, assignment, pledge, property settlement, divorce or other court action. Based on the foregoing statement, I hereby request issuance of a Statement of Insurance or that the FCSU grant the benefits under the policy, and agree to indemnify and hold harmless FCSU from any and all losses which may incur as a result of granting this request. It is further agreed that if the original policy is found, it will be returned to the Home Office. This indemnification will be binding on my heirs, executors, administrators, successors, and assignees.

OTHER REQUEST:

I understand that the requested service will not become effective until the Service Request Form is received, approved, and recorded at the Home Office of the FCSU.

THIS FORM MUST BE SIGNED BY A NOTARY PUBLIC TO PROTECT YOUR ASSETS

State of: _____

County of: _____

This form was signed before me on _____, by _____
(Print name of Owner or Authorized Individual/s).

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature of Owner/ Authorized Individual

Notary Public Signature: _____

Notary Stamp/Seal

My Commission Expires: _____