CICA LIFE

Endorsable Policy Changes

Send this form to
PHS@citizensinc.com or
Fax at: 512.836.9785
* Unless otherwise specified

INSTRUCTIONS: Mark and complete the sections related to your application. Don't forget to sign and date it. We will process the requested changes, subject to the stipulations of your policy. Please include a copy of the current official identification document.

Policy number (10 digits):	Insured Party:	Owner (if not the Insured Party):	# Identification (Owner):
Current address *Include City, State and ZIP code* (Owner):			# Tax ID (Owner):
Email (Owner):	Telephone (Owner):	Owner's date of birth: / Insured Party's date of birth:	Date:

❒1. CHANGE OF BENEFICIARY: Unless otherwise instructed, benefits will be paid in equal portions to any of the principal beneficiaries surviving the insured party. If none of them survive him, benefits will be paid in equal portions to any of the contingent beneficiaries surviving the insured party.

I hereby revoke all previous designations of beneficiaries and request the following designation:

PLEASE PRINT THE FULL FIRST AND LAST NAMES Include a copy of the current official identification document. – Send the request for this process via Email.			RELATIONSHIP TO THE INSURED PARTY	%
Primary Beneficiary #1:	Identification No.:	Date of birth:		
Address of Beneficiary #1:				
Primary Beneficiary #2:	Identification No.:	Date of birth:		
Address of Beneficiary #2:				
Primary Beneficiary #3:	Identification No.:	Date of birth:		
Address of Beneficiary #3:				
Contingent Beneficiary:	Identification No.:	Date of birth:		
Address of Contingent Beneficiary:				

❒2. CHANGE OF OWNER

I hereby request that all of the benefits, rights and privileges concerning the right of ownership of the policy be transferred to the new owner and, upon the death of the owner, ❒ to the appointed contingent owner, ❒ to the insured party ❒ to the executors, administrators and assignees, or successors and assignees by the said new owner.

PLEASE PRINT THE COMPLETE FIRST AND LAST NAMES Include a copy of the current official identification document. – Send the request for this process via Email.			RELATIONSHIP TO THE INSURED PARTY
New Owner:	Identification No.:	Date of birth:	
Address of the New Owner:	Email of the New Owner:	Telephone of the New Owner:	
Contingent Owner:	Identification No.:	Date of birth:	
Address of the Contingent Owner:	Email of the Contingent Owner:	Telephone of the Contingent Owner:	

I stipulate that any policy endorsement requested above be made via the return of this request with acknowledgement by the Company. I agree that the Company may waive any stipulation in the policy requiring presentation of the policy for endorsement, but may require said presentation if they so desire.

SIGN IN THIS SPACE FOR THE ABOVE REQUEST

Signature of the Witness or Advisor

Signature of the Insured Party or Owner if not the Insured Party

Name of the Witness or Advisor

Date

THE SIGNATORY AGREES TO THE REQUESTS AND CHANGES INDICATED ABOVE

Signature of the Assignee (if any)

Date

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FOR THE USE OF CITIZENS ONLY **ACKNOWLEDGEMENT OF REQUEST FOR CHANGES – ATTACH TO THE POLICY**

Dated_____ 20_____by _____
Signature

INSTRUCTIONS: Mark and complete the sections related to your request. Don't forget to date and sign it. We will process the requested changes, subject to the stipulations of your policy. Please include a copy of a current official identification document.

Policy number (10 digits):	Insured Party:	Owner (if not the Insured Party):		# Identification (Owner):
Current Address *Include City, Country and ZIP code* (Owner):				# Tax ID (Owner):
Email (Owner):	Telephone (Owner):	Date of birth of the Owner:	Date of birth of the Insured Party:	Date:

❒3. CHANGE OF NAME	Include a copy of the current official identification document. – Send the request for this process via Email.	
	Reason for the change (include legal evidence):	
	From (Previous name – please print):	To (New name – please print):
❒4. NON-EXPIRATION OPTIONS	Include a copy of the current official identification document. – Send the request for this process via Email.	
	I hereby request that the effective value of the policy, minus any existing debt to the Company, be applied to:	
	❒ Extended term insurance	❒ Paid off insurance
	*** If this policy has funds on deposit, the said amounts will be used to pay the loan (if necessary) or will be sent by check, unless otherwise instructed.	
	Instructions for payment of funds on deposit (check the appropriate box): ❒ Bank Transfer (please include the bank transfer request form) ❒ Check ❒ Other; include any other instructions: _____	
	Supplemental benefits must be paid in accordance with the policy. Pure endowment, if any is available, expires if the insurance party is alive at the expiration date.	

FOR USE BY THE PARENT COMPANY ONLY

Effective date	Amount	Expiration date	Amount	Pure endowment	Expiration Date

I stipulate that any policy endorsement requested above be made via the return of this request with acknowledgement by the Company. I agree that the Company may waive any stipulation in the policy requiring presentation of the policy for endorsement, but may require said presentation if they so desire.

SIGN IN THIS SPACE FOR THE ABOVE REQUEST

_____
Signature of the Witness or Advisor

_____
Signature of the Insured Party or Owner if not the Insured Party
(INCLUDE A COPY OF THE CURRENT CITIZENSHIP ID)

_____
Name of the Witness or Advisor

_____
Date

THE SIGNATORY AGREES TO THE REQUESTS AND CHANGES INDICATED ABOVE

_____
Signature of the Assignee (if any)

_____
Date

FOR THE USE OF CITIZENS ONLY **ACKNOWLEDGEMENT OF REQUEST FOR CHANGES – ATTACH TO THE POLICY**

Dated_____ 20_____by _____
Signature

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