CICA LIFE

Securities Settlement in the Policy

Send this form to:
PHS@citizensinc.com
or to the fax:
512.836.9785

* Unless otherwise specified

INSTRUCTIONS: **Mark and complete the section(s) related to your request. 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 a current official identification document.**

Number of the policy (10 digits):	Insured Party:	Owner (if not the Insured Party):	# Identification (Owner):
Current address *Include the City, Country and Zip Code* (Owner):			# Tax ID (Owner):
Email (Owner):	Telephone (Owner):	Date of birth of Owner: / Date of birth of the Insured Party:	Date:

❒1. FUNDS ON DEPOSIT

Include a copy of the official identification document. Include a copy of the current official identification document. – Send the request for this process via Email.

Dividends – Fixed Future Option	BPA – Fixed Future Option
❒Dividends on deposit with interest ❒Paid off additions	❒BPA on deposit with interest

Funds on deposit to be utilized (this one time):

❒To reduce the loan ❒To be applied to the premiums

Instructions for the payment of funds on deposit (check the appropriate box):

❒ Bank Transfer (please include the bank transfer request form)

❒ Check

❒ Other; include any other instructions:

_____

❒2. WITHDRAWAL FROM ANNUITY FUND

Surrender charges may be applicable. Please check your policy for more details. Include copies of the current official identity document. Send the request for this process via Email.

❒Complete withdrawal ❒Partial withdrawal (specify the amount) $_____

❒Pay premium _____ which expires on ❒ this policy ❒policy number _____

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 Assignee (if any) **Date**

FOR THE USE OF CITIZENS ONLY

ACKNOWLEDGEMENT OF REQUEST FOR CHANGES – ATTACH TO THE POLICY

Dated_____, 20_____ **by** _____

Signature

CICA LIFE

Securities Settlement in the Policy

Send this form to:
PHS@citizensinc.com
or to the fax:
512.836.9785

* Unless otherwise specified

INSTRUCTIONS: **Mark and complete the section(s) 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 the 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. EARLY TERMINATION OF THE POLICY

Surrender charges may apply. Please check your policy for more details. Include a copy of the current official identification document. Send the request for this process via Email.

- ❒ Withdrawal from the policy
- ❒ Payment of other policy
- ❒ Additional Contract (If you select this option, omit the following payment options and complete section No. 5)

Payment instructions (check the appropriate box)
- ❒ Bank transfer (please include the bank transfer request form)
- ❒ Check

❒4. MATURITY

Surrender charges may apply. Please check your policy for more details. Include a copy of the current official identification document. Send the request for this process via Email.

- ❒ Withdrawal of funds
- ❒ Payment of another policy _____
- ❒ Additional Contract (If you select this option, omit the following payment options and complete section # 5)

Payment instructions (check the appropriate box)
- ❒ Bank Transfer (please include the bank transfer request form)
- ❒ Check

❒5. ADDITIONAL CONTRACT

Surrender charges may apply. Please check your policy for more details. Include a copy of the current official identification document. Send the request for this process via Email.

Options (Select one):
1. ❒ Fixed term ❒ 5 years ❒ 10 years ❒ 15 years ❒ 20 years
2. ❒ Life annuity (guaranteed) ❒ 5 years ❒ 10 years ❒ 15 years ❒ 20 years ❒ Other (if applicable)
3. ❒ Interest ❒ With payment ❒ Capitalizable

Mode (Select one):
❒ Annual ❒ Six months ❒ Three months ❒ Monthly

WITHDRAWAL:
❒ Complete withdrawal ❒ Partial withdrawal (specify the amount) $_____

Payment instructions (check the appropriate box)
- ❒ Bank Transfer (please include the bank transfer request form)
- ❒ Check

Beneficiary #1:_____ Relationship:_____ Percentage:_____
Beneficiary #2:_____ Relationship:_____ Percentage:_____

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

ACKNOWLDEGEMENT OF THE REQUEST FOR CHANGES – ATTACH TO THE POLICY

Dated_____, 20_____by _____
Signature