CICA LIFE
A CITIZENS COMPANY

Policyowner's Annuity Authorization Request

Return completed form to
cs@citizensinc.com or
Fax: 512.836.9785

*Unless otherwise specified

Policy Number (10-digits)	Insured Name (Printed)	Owner Name (Printed, if other than Insured)	Date

❑ I hereby authorize the Company to increase my annuity amount to $_____. I understand this increased amount will occur on the same date as my policy payments.

❑ I hereby authorize the Company to apply the additional lump sum of $_____, which is enclosed herewith, into my annuity benefit in accordance with policy provisions, subject to the minimum and maximum amounts* periodically established at the Company's discretion.

Signed: _____ Date: _____
Policyowner Month / Day / Year

*Your sales associate or the Policyowner Service Department can provide the current annuity amount limits applicable to your policy.