CICA LIFE

Miscellaneous Policy Changes

Send this form to:
PHS@citizensinc.com
or Fax: 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 the 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, 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. LOAN	Include a copy of the current official identification document. – Send the request for this process via Email. Make policy loan for $_____ , or if maximum amount available is less, for the maximum amount. ❒ Include loan value of dividends, coupons or endowments. ❒ Pay _____month(s) premium due for ❒ this policy ❒ policy # _____ When loan proceeds are used to pay premiums on this or another policy or when the loan proceeds are used for reinstatement of a policy, I understand interest will be charged as provided within this policy for a policy loan.
❒2. AUTOMATIC PREMIUM LOAN	Include a copy of the current official identification document. – Send the request for this process via Email. I hereby request that the stipulation of the automatic premium be changed as follows: ❒Eliminate ❒Add
❒3. CHANGE OF ADDRESS	Include a copy of the current official identification document. – Send the request for this process via Email. Change the address of the ❒ Insured party ❒ Owner New address _____ (Please print) Number and street _____ City State/County Country Zip code Email: _____ Telephone: _____
❒4. INSURANCE CERTIFICATE	Include a copy of the current official identification document. – Send the request for this process via Email. ❒ I hereby request the issuance of an insurance certificate and agree that any certificate issued will not create any obligation on the part of the Company, apart from those established in the original policy. If at any time the original policy is located, the said policy certificate will be immediately returned to the Company.

SIGN IN THIS SPACE FOR THE ABOVE APPLICATION

_____ _____
Signature of the Witness or Advisor — Signature of the Insured Party or Owner (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