



**POLICY OWNER'S SERVICE REQUEST  
CICA LIFE OF AMERICA**

Policyholder Services • P.O. Box 149151 • Austin TX 78714-9151 • Telephone: (877) 282-7127 • E-mail: [PHS.USA@citizensinc.com](mailto:PHS.USA@citizensinc.com)

	For Home Service Business:	District	Debit	Payor Group
Policy Number <small>(10digits)</small>	Insured	Owner (If other than Insured)		Date
<input type="checkbox"/> 1. LOAN	Make cash loan for \$ , or if maximum amount available is less, for the maximum amount. Make Premium loan <input type="checkbox"/> Pay month(s) premium due for <input type="checkbox"/> this policy <input type="checkbox"/> policy no. _____ 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. ***ADDRESS TO MAIL CHECK TO: ** _____			
<input type="checkbox"/> 2. APL	I hereby request the automatic premium loan provision as an option in my policy.			
<input type="checkbox"/> 3. DIVIDENDS ENDOW- MENTS COUPONS	Apply: <input type="checkbox"/> dividends on deposit <input type="checkbox"/> endowments on deposit <input type="checkbox"/> coupon <input type="checkbox"/> paid up additions To: a. <input type="checkbox"/> reduce loan on <input type="checkbox"/> this policy <input type="checkbox"/> policy no. _____ b. <input type="checkbox"/> pay month(s) premium due for <input type="checkbox"/> this policy <input type="checkbox"/> policy no. _____ c. <input type="checkbox"/> be withdrawn <input type="checkbox"/> full amount or \$ _____ <input type="checkbox"/> Change <input type="checkbox"/> dividend <input type="checkbox"/> endowment option to: <input type="checkbox"/> cash <input type="checkbox"/> deposit at interest <input type="checkbox"/> apply to premium <input type="checkbox"/> purchase paid up additions Change coupon option to: <input type="checkbox"/> deposit at interest <input type="checkbox"/> purchase paid up additions			
<input type="checkbox"/> 4. POLICY SURRENDER (ATTACH POLICY)	Surrender the policy for the net cash value in accordance with the provisions and conditions of the policy. No bankruptcy proceedings are outstanding against me, and no liens are pending against the policy, except as follows:  Reason for Surrender: ***ADDRESS TO MAIL CHECK TO: _____ **  <input type="checkbox"/> LOST POLICY STATEMENT: I hereby certify the policy has been lost or destroyed and I have no knowledge of its whereabouts, and said policy is not assigned, hypothecated, or pledged. I hear by agree any certificate or duplicate issued shall create no liability on the part of the company other than as set out in the original policy If at anytime the original policy is found, I will return the certificate or duplicate policy to the Company.			
<input type="checkbox"/> 5. ADDRESS	Change address of: <input type="checkbox"/> owner <input type="checkbox"/> insured <input type="checkbox"/> beneficiary E-mail Address: Phone Number: New Address (Please Print) Street Address, Apt. No., Suite No., Box Number, City, State & Zip Code			
<input type="checkbox"/> 6. NON- FORFEITURE	I hereby request the cash value of the policy, less any existing indebtedness to the company, be applied to:  <input type="checkbox"/> Extended Term Insurance <input type="checkbox"/> Paid Up Insurance Supplemental benefits are to be canceled in accordance with the policy. Pure endowment, if any available, matures if the insured is living on the maturity date.			
<b>HOME OFFICE USE ONLY</b>				
Effective Date		Amount of Insurance		Expiry Date
Pure Endowment		Maturity Date		

-----SIGN BELOW FOR THE ABOVE REQUEST(S) -----

Signature of Witness \_\_\_\_\_

Signature of Insured or Owner, if other than Insured \_\_\_\_\_

Printed Witness Name \_\_\_\_\_

Date \_\_\_\_\_

THE UNDERSIGNED ASSIGNEE AGREES TO THE ABOVE REQUEST(S) AND CHANGE(S).

Signature of Assignee (If Any) \_\_\_\_\_

Date \_\_\_\_\_

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**ACKNOWLEDGMENT OF REQUEST FOR CHANGE – PLEASE ATTACH TO POLICY**

Dated on \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ Signature \_\_\_\_\_  
Print Company Representative Name & Title