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# SERVICE REQUEST

(Please Print Clearly)

Increase in coverage, addition of riders and tobacco class change requests require a fully completed life application.

Insured \_\_\_\_\_ Certificate number(s) \_\_\_\_\_ Owner (if other than insured) \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

## Section 1: Name and Address Changes

**1. Change of address of:**  Insured  Owner  Payor Date of change \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. Change of legal name of:**  Insured  Owner  Payor Date of change \_\_\_\_\_

Former name \_\_\_\_\_ New name \_\_\_\_\_

Reason (Please provide legal documentation) \_\_\_\_\_

**3A. Change of Primary Beneficiary** (if multiple beneficiaries are named, shares will be divided equally or to the survivor(s)) unless otherwise specified

Primary beneficiary name and address:	Birthdate:	SSN:	Relationship to Insured:	% to Each:
_____	_____	____-____-____	_____	_____
_____	_____	____-____-____	_____	_____
_____	_____	____-____-____	_____	_____

**3B. Change of Contingent Beneficiary** (if multiple beneficiaries are named, shares will be divided equally or to the survivor(s)) unless otherwise specified

Contingent beneficiary name and address:	Birthdate:	SSN:	Relationship to Insured:	% to Each:
_____	_____	____-____-____	_____	_____
_____	_____	____-____-____	_____	_____
_____	_____	____-____-____	_____	_____

## Section 2: Premium Payment Changes

**4. Change mode to:**  Annual  Semi-Annual  Quarterly  Monthly AWP (Complete AWP Form)

Change premium billing amount to \$ \_\_\_\_\_ (Applies to universal life and flexible premium annuity certificates only)

5. Add automatic premium loan (APL) provision.

6. Pay premium from annuity certificate number \_\_\_\_\_

Annual     Semi-Annual     Quarterly     Include Membership Dues

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### Section 3: Withdrawals (For all withdrawal requests complete Validation Requirements on page 3)

7. Loan Request    Amount available \$ \_\_\_\_\_    Amount Requested: \$ \_\_\_\_\_

Complete Tax Elections #10

Taking a loan against the cash value of your certificate might have a negative impact on your insurance program.

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8. Partial Surrender (available on annuities and universal life only)

Penalty Free Amount (amount available without the surrender charge).

Other - Surrender \$ \_\_\_\_\_

    \_\_\_ Take taxes from the amount requested

    \_\_\_ Take taxes above the amount requested

Taking a partial surrender from the cash value of your universal life certificate might have a negative impact on your insurance program. You may wish to request an illustration to see the effect of this change. (If this is an IRA, IRA Withdrawal Statement, Form No. 314 or 6314 must be completed.)

Complete Tax Elections #10

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9. Full surrender (please return your certificate)

Complete Tax Elections #10

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### Please check one of the following if you completed #7, 8 or 9 (also complete validation requirements on page 3)

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10. Tax Elections

I elect not to have federal income tax withheld.

I elect to have \_\_\_\_\_ % federal income tax withheld. (cannot withhold less than 10%)

If this section is not completed, Sons of Norway will withhold 10% federal income tax

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### Section 4: Other Changes

11. Change refund (dividend) option to:

Paid in cash

Accumulate at interest

Purchase paid-up additional insurance

Reduce premiums

Reduce certificate loan

Deposit in annuity certificate number \_\_\_\_\_

12. Withdrawal of refunds (dividends):

Paid to me by check

Applied toward my certificate loan

Applied to pay premium due \_\_\_\_\_

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13. Issue duplicate certificate (\$25 fee must be submitted with request)

I certify that the said certificate(s) is/are lost. I will hold Sons of Norway harmless from any liability arising out of the original certificate(s) which I have declared to be lost.

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14. Universal Life Contract Changes

Change death benefit option from increasing to level (change from level to increasing death benefit requires completed application)

Decrease face amount from \_\_\_\_\_ to \_\_\_\_\_

Use cash value to purchase paid-up life insurance contract

## SIGNATURE SECTION

### 1. Validation Requirements for Surrenders & Financial Disbursements

In the following situations, identity verification is required to protect your confidential information and account values.

A. Disbursement requests of \$50,000 and up will require a Notary Public validation.

B. Disbursement requests of \$25,000 to \$49,999 will require a Notary Public validation or Sons of Norway agent verification.

C. For any disbursement request with a change in the last 30 days, ie. mail or email address, phone number, ownership or beneficiary or bank information, we will require either a Notary Public validation or Sons of Norway agent verification.

D. Any special disbursement request will also require a Notary Public validation or Sons of Norway agent verification. Examples include a request to mail the disbursement to an address other than what is on file or to make the proceeds payable to someone other than the current owner.

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#### Notary Public Validation (For Surrenders & Financial Disbursements Only)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by

\_\_\_\_\_

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

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### THIS SECTION MUST BE COMPLETED FOR ALL REQUESTS

Under penalties of perjury, I certify that my taxpayer ID No. (Social Security Number) is:

Insured: \_\_\_\_\_ Owner\*: \_\_\_\_\_

\*If owner is a corporation, please furnish corporation tax ID number.

**A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime**

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Owner signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Agent signature: \_\_\_\_\_ Agent number: \_\_\_\_\_