



1455 West Lake Street  
 Minneapolis, MN 55408-2666  
 Toll-free: 800-945-8851  
 Phone: 612-827-3611  
 Fax: 612-827-0658  
 www.sonsofnorway.com

# APPLICATION FOR CERTIFICATE CHANGE

## SECTION 1: GENERAL INFORMATION

Name (First, MI, Last): \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Last 4#: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### POLICY OWNER INFORMATION (IF OTHER THAN THE INSURED):

Name (First, MI, Last): \_\_\_\_\_ Social Security Last 4#: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## SECTION 2: REQUESTED SERVICE OR CHANGE

Rate Reduction, Smoker Class change, Addition of Rider and Increase in Death Benefit: Please complete the SI Application, along with the Authorization to Obtain information and HIPAA Authorization.

- Exercise Guaranteed Purchase Option: Cert# \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- Removal of Rider: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ (specify Rider and amount)
- Premium Amount to: \$ \_\_\_\_\_ Mode: \_\_\_\_\_
- Convert Term Certificate #: \_\_\_\_\_ Full \_\_\_\_\_ Partial \_\_\_\_\_  
 To Product: \_\_\_\_\_ Amount \$ \_\_\_\_\_

## SECTION 3: NOTIFICATION, ACKNOWLEDGEMENT AND CERTIFICATION

### FRAUD NOTIFICATION

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

### ACKNOWLEDGEMENT

I hereby agree that these changes shall be an amendment to my original application and shall form a part of my Certificate.

I have read this application and understand each question. I affirm all answers given on this Application for Certificate Change are complete and true to the best of my knowledge and belief.

The Policy Owner and/or anyone signing for a juvenile Insured by this application states the application's questions and statements have been answered and entered fully, completely and correctly, to the best of their knowledge and belief.

I understand and agree that the requested certificate change is not effective until approved by Sons of Norway and any required premium has been paid.

## SECTION 4: SIGNATURES

Signed at (City): \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Insured Signature (Required for term conversion): \_\_\_\_\_