



PACIFIC GUARDIAN LIFE

Please return for processing to:
CLIENT RELATIONS DEPT.
1440 Kapiolani Boulevard, Suite 1700 • Honolulu, HI 96814-3698
(800) 432-3306 E-mail: clientrelations@pacificguardian.com

Policy Service Change Form

1. POLICY IDENTIFICATION

 I/We (Owner of Policy) request the following change(s) to the Policy identified below:

Name of Insured: _____ Policy Number: _____

Name of Owner: _____

2. CHANGE OF BENEFICIARY

 Change present designation of beneficiary as follows (please print):

Primary Beneficiary

Name	Address	Date of Birth	Social Security No.	Relationship	Benefit %

Contingent Beneficiary

Name	Address	Date of Birth	Social Security No.	Relationship	Benefit %

All prior settlements, if any, and designations, if any, of primary beneficiaries or contingent beneficiaries or of both are hereby revoked. Unless otherwise indicated herein, the proceeds of this Policy shall be payable in equal shares to such of the designated primary beneficiaries who survive the Insured. If there are no living primary beneficiaries, the proceeds of this Policy shall be payable in equal shares to such of the designated contingent beneficiaries who survive the Insured.

If any beneficiaries designated above are unnamed members of a class, then an affidavit signed by a surviving member of such class shall be sufficient proof to the Company that the persons or person named are the sole surviving members of such class. An affidavit signed by the beneficiary next entitled to receive benefit, stating that there are no surviving members of such class, shall be sufficient proof to the Company that there are no surviving members of such class. Payment by the Company based upon such affidavit shall be sufficient acquittance hereunder.

Unless otherwise provided above or by law, the right to revoke or to change any beneficiary designation is hereby reserved. The Policy is not now assigned except to any assignee of record with the Company.

For Home Office Use Only

The date copy has been filed at the Home Office and entered on its records: _____

Pacific Guardian Life Insurance Company, Limited: Per _____

3. CHANGE OF NAME

 Change Name For: Insured Owner Payor

From (please print): _____ To: _____

Indicate Reason for Change (marriage, court decree, etc.): _____

4. CHANGE OF OWNERSHIP

Signatures of Owner and New Owner required in Section 11.

The Owner shall no longer possess any incidents of ownership in or under the Policy above mentioned. Instead, _____ (the New Owner), _____ (relationship) shall become the sole and absolute Owner of the Policy. The New Owner and no other person is reserved the sole and absolute right and authority to surrender, make loans upon or assign this Policy and to give a valid discharge for any benefit accruing or for money payable under this Policy, and to exercise any of the rights or privileges reserved for the Owner without the order or intervention of any court, or appointment of a legal guardian; and shall likewise possess all other incidents of ownership, whatsoever they may be. Provided, however, that the Company shall not be responsible for, nor required to see to, the application of the proceeds paid in accordance herewith. Joint Owners: Rights of ownership held by more than one Owner at the same time may be exercised only by joint action of all Owners. Upon the death of an Owner, the rights of the deceased Owner shall pass to the surviving owners in equal shares, unless otherwise designated.

The Owner and New Owner represent and warrant that neither knows of any reason why the ownership of this Policy cannot be transferred. The Owner and New Owner agree to indemnify, defend and hold harmless the Company, its officers, directors, employees and agents, and their successors and assigns, from any and all liability, loss, damage and expense in connection with, or arising out of, their reliance on the information provided herein and compliance with this request.

New Owner's Address: _____ Phone No.: _____

SSN: _____ DOB: _____

Contingent Owner: _____ Relationship: _____

SSN: _____ DOB: _____

Check here if new owner should also be the premium payor.

For Home Office Use Only

The date copy has been filed at the Home Office and entered on its records: _____

Pacific Guardian Life Insurance Company, Limited: Per _____

5. LOST POLICY STATEMENT

Issue a Policy Certificate

I have made or caused to be made a diligent search for the original Policy, and have been unable to find or recover the same. I agree that should I find the Policy, I will return the Policy to the Company. I hereby certify that this Policy has not been assigned, pledged, transferred, loaned, given away, orally or in writing, or delivered to any person or person whomsoever as security or otherwise, except: _____

6. NONFORFEITURE

Change Policy To: Paid-Up Insurance Extended Term Insurance Effective: _____

7. LOAN

Make a loan for the maximum cash value amount Make a loan for \$ _____ .

LOAN AGREEMENT: I/We hereby promise to pay to the Company the principal sum of the loan amount actually received with interest at the rate specified in the Policy and in accordance with the terms of said Policy. I/We hereby assign to said Company, the said Policy and all dividends and benefits now due or which may hereafter become due or be allowed by the Company on said Policy, to secure the repayment of said loan and the interest thereon. Such loan to be computed in accordance with the terms of said Policy (as of the date this Agreement is received in the Home Office) and upon security of said Policy. Should such interest not be paid when due, then we hereby agree that it may be added to the principal of this loan and if so added, shall bear the same rate of interest. Should the total indebtedness against the Policy, including the amount of this loan and unpaid interest, at any time equal or exceed the then cash surrender value of said Policy, I/We authorize that such cash surrender value shall be applied to the payment of the indebtedness and the Policy shall terminate and become void after 31 days notice to that effect. I/We agree to execute and deliver such additional documents and instruments and to perform such additional acts requested by Company to effectuate, carry out and perform all of the terms and conditions of this loan.

8. PARTIAL WITHDRAWAL

Maximum Amount Available Net Amount of \$ _____ .

The amount of Partial Withdrawal will be subject to any charges specified in the policy provisions. The total value remaining may not be less than any limits defined within said policy provisions.

Mark "X" in the appropriate box. (You may wish to consult with your tax advisor.)

Do not withhold Federal Income Tax **Withhold** Federal Income Tax

9. ADDRESS CHANGE for: Insured Owner Payor

New Address (please print): _____

Ph. No.: _____ E-mail Address: _____

10. OTHERS Use this space for other changes and service requests.

11. REQUIRED SIGNATURES Owners should read entire form before signing. A separate form must be completed for each Policy.

Important Instructions

1. This form must be dated and the signature of Owner must be written exactly as the name is given on the Policy. All signatures must be witnessed and in ink.
2. If the Owner lives in a community property state and is married, the owner should consult with his or her attorney as to the appropriateness of this request under the community/marital property laws in his or her own state. If required, the spouse signature should be on line "A". If your spouse is deceased, please show this information on line "A". (AZ, CA, ID, LA, NV, NM, TX, WA, WI, GU.)
3. Specific instructions for minors, partnerships, corporations and other circumstances will be furnished by the Home Office upon request. Corporate Seal, Board/Partnership Resolution or Certification of Corporate Records or Partnership Records is required.

Date: _____ City and State: _____

Witness: _____ Signature of Insured: _____

Witness: _____ Signature of Owner: _____

Witness: _____ Signature of Spouse/Joint Insured: _____ **"A"**

Witness: _____ Signature of Assignee: _____

Corporate

Seal Witness: _____ Signature of New Owner: _____