

# In Force Change Request

Reset Form



**FARMERS**  
INSURANCE

For conversions, please use Conversion Request (24-7169/51-1545-OH)  
For new business, please use New Business Change Request (51-1548/51-1549)

Insured's Name: Christopher OConnell

Policy Number(s): 002616114

(Please include all policy numbers affected by this request)

<input type="checkbox"/> <b>Change Mode of Payment to:</b> A surcharge may apply for payments other than annual. <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> EFT (Attach signed EFT Authorization form 25-0413)	<input type="checkbox"/> <b>Deposit Fund Withdrawal:</b> <input type="checkbox"/> Send check for \$ _____ <input type="checkbox"/> Send check for total amount in fund
<input type="checkbox"/> <b>Reduce Face Amount to:</b> \$ _____ Additional benefits or riders, if applicable, may be reduced proportionately. The Automatic Increase Benefit, if applicable, will terminate.	<input type="checkbox"/> <b>Partial Surrender/Withdrawal<sup>1</sup>:</b> <input type="checkbox"/> Send check for \$ _____ <input type="checkbox"/> Send maximum available <input type="checkbox"/> Withhold taxes <sup>2</sup> <input type="checkbox"/> Do not withhold taxes
<input type="checkbox"/> <b>Change Death Benefit Option:</b> <input type="checkbox"/> Increasing (A) to Level (B) <input type="checkbox"/> Level (B) to Increasing (A)	<input type="checkbox"/> <b>Policy Loan<sup>1</sup>:</b> Please refer to the policy contract for option availability and descriptions. Any outstanding loan balance may need to be repaid before a new loan is processed. By requesting this policy loan under the terms of the Policy Contract, I (we) understand that interest accrues daily and is compounded annually. <input type="checkbox"/> Send check for \$ _____ <input type="checkbox"/> Send check for the maximum amount possible <input type="checkbox"/> Pay _____ premium due <input type="checkbox"/> Add Automatic Premium Loan (APL) Option <input type="checkbox"/> Withhold taxes <sup>2</sup> <input type="checkbox"/> Do not withhold taxes
<input type="checkbox"/> Remove the _____ Benefit <input type="checkbox"/> Remove the _____ Rider	
<input type="checkbox"/> <b>Correct Date of Birth to:</b> _____ Additional requirements for proof of age in the form of a birth certificate, driver's license, or passport may be needed based on contractual requirements. This change may require underwriting approval.	
<input type="checkbox"/> <b>Change Nonforfeiture Option to:</b> <input type="checkbox"/> Place Policy On: <input type="checkbox"/> Extended Term Insurance Option (ETI) <input type="checkbox"/> Reduced Paid-Up Insurance Option (RPU)	
<input type="checkbox"/> <b>Other Request(s):</b> _____	<input checked="" type="checkbox"/> <b>Full Surrender/Policy Cancellation<sup>1</sup>:</b> Surrender the policy for cash value, if any, less any outstanding loan. Please destroy the original contract. <input type="checkbox"/> Withhold taxes <sup>2</sup> <input type="checkbox"/> Do not withhold taxes

**Change Address:**
 Insured
  Owner
  Payor

Resident/Mailing
  Billing

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

<sup>1</sup> Considered a taxable distribution if your policy is a Modified Endowment Contract under TAMRA regulations or if the policy has a taxable gain.

<sup>2</sup> Federal taxes will be withheld. State taxes will be withheld if required.

[Signature]  
Policy Owner Signature

2/3/2020  
Date

(612) 868-1688  
Policy Owner's Daytime Phone Number

Policy Co-Owner Signature (if applicable)

Date

Irrevocable Beneficiary Signature (if applicable)

Date

Andrew Schmitz  
Insurance Producer Name (please print or type)

1380AH  
Agent Code Number

651-456-8834  
Phone Number

**Farmers New World Life Insurance Company**

PO Box 248831, Oklahoma City, OK 73124 / 1-800-238-9671  
Variable Policy Service Office: PO Box 724208, Atlanta, GA 31139 / 1-877-376-8008  
Index UL Service Center: PO Box 725409 Atlanta, GA 31139 / 1-888-794-0608