

## **Philadelphia American Life Insurance Company**

### **Policy Service Form Instructions**

1. Fill in Policy Number and Name of Insured
2. Name Change – Please send copy of Driver’s License, Marriage License, Divorce Decree, Court Order, etc. along with this request.
3. Fill out Change of Address
4. Duplicate Policy - Please enclose payment of \$25 Administration Fee for Duplicate Policy

### **Please mail completed form and supporting documents to**

Philadelphia American Life Insurance Company

PO Box 4884

Houston, TX 77210

Fax 281-368-7144

or you may mail to

WGA Benefit Consultants

2916 Via Esperanza

Edmond, OK 73013

Fax 405-513-8501

Any questions, please call 800-851-8090.



11720 Katy Frwy., Suite 1700 • Houston, TX 77079  
 P.O. Box 4884 • Houston, TX 77210-4884  
 1-800-552-7879 Fax: 1-281-368-7144

**POLICY SERVICE FORM**

**PLEASE PRINT CLEARLY**

POLICY NUMBER:	INSURED:	OWNER (IF OTHER THAN INSURED):
<input type="checkbox"/> NAME	CHANGE NAME OF: <input type="checkbox"/> INSURED <input type="checkbox"/> OWNER <input type="checkbox"/> PAYOR <input type="checkbox"/> BENEFICIARY From: _____ To: _____ <div style="text-align: right; margin-right: 100px;">Full Name</div> Reason for change: _____ <div style="text-align: center;">(Marriage, Court Decree, Etc)</div> <i>Please send a copy of Driver's License, Marriage License, Court Order, etc. along with this request to the address above.</i>	
<input type="checkbox"/> ADDRESS	CHANGE ADDRESS OF: <input type="checkbox"/> INSURED <input type="checkbox"/> OWNER <input type="checkbox"/> PAYOR <input type="checkbox"/> BENEFICIARY _____ <div style="display: flex; justify-content: space-between;"> <span>Number and Street Name</span> <span>Phone Number</span> </div> _____ <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>	
<input type="checkbox"/> DUPLICATE POLICY	I hereby certify that the policy identified above has been lost or destroyed and I have no knowledge of its whereabouts, and that said policy has not been given, transferred or assigned as collateral for any debt or other obligation.  I hereby request the issuance of a duplicate of said policy or certificate of insurance should duplicate policy forms not be available. I hereby agree that any certificate or duplicate policy issued shall create no liability on the part of the Company other than that set out in the original policy. If at any time the original policy is found, such certificate or duplicate policy will be null and void and immediately returned to the Company. <b>PLEASE ENCLOSE PAYMENT OF A \$25 ADMINISTRATION FEE FOR A DUPLICATE POLICY.</b>	
<input type="checkbox"/> NFO	I hereby request that the case value of the policy, less any existing indebtedness to the Company, be applied to: <div style="text-align: center;"> <input type="checkbox"/> REDUCED PAID-UP INSURANCE    <input type="checkbox"/> EXTENDED TERM INSURANCE         </div>	
<input type="checkbox"/> LOAN	MAKE A LOAN FOR: <input type="checkbox"/> FULL LOAN VALUE <input type="checkbox"/> THE AMOUNT OF \$ _____  It is understood and agreed that the terms and conditions of this loan shall include the loan provision of said policy which is assigned as sole security thereof and that interest shall be payable as specified in the policy. If interest is not paid when due, it shall be added to the principal and bear interest at the same rate subject to the policy limitation of indebtedness. I certify that no bankruptcy proceedings, attachment, tax nor other liens or claims are now pending against the owner.	
<input type="checkbox"/> ADDITIONAL REQUESTS	I REQUEST TO MAKE A WITHDRAWAL IN THE AMOUNT OF \$ _____  <u>APPLICABLE FOR ANNUITIES ONLY</u> I ELECT TO HAVE <input type="checkbox"/> 10% WITHHOLDING, <input type="checkbox"/> 20% WITHHOLDING, OR <input type="checkbox"/> NOT TO HAVE WITHHOLDING ON MY TAXABLE DISTRIBUTION.	
<b>I / WE AGREE THAT MY/ OUR SIGNATURE (S) BELOW SHALL APPLY TO EACH REQUEST ON THIS FORM.</b>		
_____ <div style="text-align: center;">DATE</div>	_____ <div style="text-align: center;">SIGNATURE OF OWNER</div>	
_____ <div style="text-align: center;">SIGNATURE OF DISINTERESTED WITNESS</div>	_____ <div style="text-align: center;">SIGNATURE OF JOINT OWNER / IRREVOCABLE BENEFICIARY (IF APPLICABLE)</div>	
_____ <div style="text-align: center;">PRINTED NAME OF WITNESS</div>	_____ <div style="text-align: center;">SIGNATURE OF ASSIGNEE OR AUTHORIZED REPRESENTATIVE (SHOW TITLE)</div>	

**FOR PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY USE ONLY  
 ACKNOWLEDGEMENT OF REQUEST FOR CHANGE – PLEASE ATTACH TO POLICY**

PHILADELPHIA AMERICAN LIFE INSURANCE CO HAS RECEIVED THE CHANGE REQUEST AND MADE IT PART OF OUR RECORDS.

DATED AT HOUSTON, TEXAS \_\_\_\_\_ BY \_\_\_\_\_