

Request for Certificate Service Form



5400 Tuscarawas Road
 Beaver, PA 15009
 (724) 495-3400
 FAX (724) 495-3421

Name: _____

Address: _____

If check is to be made out to someone other than the insured, please complete:

Name: _____

Address: _____

Certificate Number _____

Social Security Number _____

Home Phone Number () _____

Work Phone Number () _____

E-mail Address _____

(Please check box to indicate the item(s) you have requested.)

Section I: General

Signature is required on back page for all requests.

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| <input type="checkbox"/> 1. Address Change | Change address on my certificate from: _____ <input type="checkbox"/> Bill to Address _____ T O _____ _____ List other family members affected by change: _____ |
| <input type="checkbox"/> 2. Name Change | Change name on my certificate from: _____ T O _____ The reason for this change: <input type="checkbox"/> Marriage <input type="checkbox"/> Legal Change <input type="checkbox"/> Other (Explain) _____ Return Certificate with this Request. |
| <input type="checkbox"/> 3. Request For Duplicate Original Certificate | I hereby certify that the certificate issued to me by GCU has been _____ and therefore, I apply for a duplicate certificate. (stolen, lost, burned, other) I further certify that the original certificate was not assigned to any person(s) or otherwise disposed of by me, and I hereby waive for myself, my heirs, assigns and beneficiary(aries) all rights and benefits under said certificate. Complete for Issue of Replacement Certificate Only. |
| <input type="checkbox"/> 4. Billing Mode | Change Insurance Premium Mode To: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Do Not Bill (This option Universal life Only) Change Billing Mode on Annuity To: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Do Not Bill |
| <input type="checkbox"/> 5. Beneficiary Change | In accordance with the beneficiary provision in my certificate, I do, hereby designate the following person(s) as my beneficiary(aries). Note: For each beneficiary please give full name, date of birth, social security number, and relationship to you. Primary beneficiary(aries) _____ _____ Contingent beneficiary(aries) _____ _____ Return Certificate with this Request. |



Section II: Insurance

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| <input type="checkbox"/> 6. Selection of Dividend Option | <input type="checkbox"/> Paid in Cash <input type="checkbox"/> Applied to Reduce Next Payment Due <input type="checkbox"/> Left on deposit at the Union to accumulate interest <input type="checkbox"/> Applied to Purchase of Paid Up Insurance |
| <input type="checkbox"/> 7. Application For Cash Surrender On Insurance Certificate | <p>I hereby make application for the cash surrender value of said certificate as provided for in the conditions and provisions thereon, and thereby waive and relinquish for myself and my beneficiaries, any and all rights to benefits of any nature whatsoever under said certificate.</p> <p>NOTE: If cash value of certificate is more than the total premiums paid into plan, GCU is required to report this amount as a tax gain to the Internal Revenue Service.</p> <p>Return Certificate with this Request.</p> <p>Tax Section (Item #13) must be Completed.</p> <p>If original Certificate cannot be located, please complete Item #14.</p> |
| <input type="checkbox"/> 8. Application For Cash Loan On Insurance Certificate | <p>I hereby apply for a cash loan in the amount of _____ <input type="checkbox"/> Maximum Available or \$ _____</p> <p>I further agree that the loan shall be governed by the cash loan option on my certificate as to the rate of interest and any settlement thereof.</p> <p>Return Certificate with this Request.</p> <p>If original Certificate cannot be located please complete Item #3.</p> |
| <input type="checkbox"/> 9. Certificate Change On Universal Life Plan | <p><input type="checkbox"/> Increase \$ _____ TO \$ _____ *Subject to insurability <small>face amount</small> Premium Amount and Mode \$ _____</p> <p><input type="checkbox"/> Decrease \$ _____ TO \$ _____ *New face Amount cannot fall below \$25,000.00 <small>face amount</small> Premium Amount and Mode \$ _____</p> <p><input type="checkbox"/> Change Death Benefit Option: <input type="checkbox"/> Death Option A <input type="checkbox"/> Death Option B</p> <p><input type="checkbox"/> Partial Withdrawal from Cash Accumulation in amount of \$ _____</p> |
| <input type="checkbox"/> 10. Conversion Of Insurance Certificate | <p>I hereby authorize GCU to apply the cash value of certificate listed above to premium due on the enclosed application for \$ _____ coverage on the _____ plan. I understand that the current certificate will remain in force until the new application, properly executed, is approved by the Union and entered on the membership records of the Union.</p> <p>Return Certificate with this Request.</p> <p>New Insurance Application is Required.</p> <p>If original Certificate cannot be located please complete Item #14.</p> |



Section III: Annuity

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| <input type="checkbox"/> 11. Agreement For Partial Withdraw On Annuity | <p>I hereby apply for a cash withdrawal in the amount of \$_____ in accordance with the provisions in my annuity certificate. I further agree that this withdrawal shall be governed by the cash withdrawal option on my annuity certificate.</p> <p>FLEXIBLE ANNUITY ONLY: If premiums have not been on deposit for more than 12 months, interest earned will be adjusted to guaranteed rate.</p> <p>FLEX-5/FLEX-10 ANNUITY ONLY: If withdrawal exceeds 10% per year on these annuity product, a surrender charge will be applied as spelled out under the terms in your certificate.</p> <p>Tax Section (Item #13) must be Completed.</p> |
| <input type="checkbox"/> 12. Agreement For Cash Surrender on Annuity | <p>I hereby make application for the cash surrender value of said certificate as provided for in the conditions and provisions thereon, and I hereby waive and relinquish for myself and my beneficiaries, any and all rights to benefits of any nature whatsoever under said certificate.</p> <p>FLEX-5/FLEX-10 ANNUITY ONLY: In the event said certificate is a FLEX-5/FLEX-10 product and my application for surrender is within 5/10 contract years. I am aware that this transaction is subject to surrender charges as spelled out in my certificate.</p> <p>Return Certificate with this Request.</p> <p>Tax Section (Item #13) must be Completed.</p> <p>If original Certificate cannot be located, please complete Item #14.</p> |

Section IV: Tax and Lost Certificate Notification

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| <input type="checkbox"/> 13. Election to Withhold Taxes | <p>Income Tax withholding Information</p> <p><input type="checkbox"/> I elect not to have income tax withheld</p> <p><input type="checkbox"/> I elect to have income tax withheld \$_____ or _____%</p> <p>Required in All Cases when Payment is being Received.</p> <p>NOTE: If this section is not completed, GCU must withhold the mandatory percentages as set forth by Internal Revenue Service regulations.</p> |
| <input type="checkbox"/> 14. Lost Certificate Statement | <p>With my signature below I hereby state that:</p> <p>* The certificate has been lost and that it is not in the possession of anyone.</p> <p>* The certificate has not been assigned to anyone.</p> <p>Complete only if certificate is not being submitted and is required.</p> <p>Note: If Certificate has been Assigned, the Assignee must Sign Here.</p> <p style="text-align: right;">_____</p> <p style="text-align: right;"><i>Signature of Owner</i></p> |

Insured/Annuitant _____

Certificate Number _____

Section V: Other Provisions:

- ❖ GCU has the right to withhold processing of request applied for (Insured/Annuitant would be notified)
- ❖ No change will be made unless certificate issued to Insured/Annuitant is eligible for the change applied for as set forth through the provisions in said certificate.
- ❖ GCU is not responsible for any penalties incurred if tax payments are not adequate as spelled out in the Tax Withholding Section of this request form.
- ❖ Any increase applied for in insurance coverage is subject to **Evidence of Insurability**.

Signature _____

Date _____

Other Required Signatures (If Applicable) _____

Agent Signature (If Applicable) _____

RFPS-05

HOME OFFICE NOTES