

CHANGE REQUEST FORM

Address/Name/Pay Mode DOB/Beneficiary/Ownership

GENERAL INFORMATION: *Always complete: PLEASE PRINT*

Policy Number: _____

INSURED'S NAME:

Check each type of change being requested and complete the appropriate section:

Address

Correct Date of Birth

Name

Beneficiary (See page 2)

Pay Mode

Ownership (See page 4)

AGENT'S NAME:

If the policy has been lost or destroyed, check below if you would like us to send you a Certificate of Insurance:

Certificate of Insurance Requested (See Instructions)

Agent Number: _____

ADDRESS CHANGE: *Complete for address change only. PLEASE PRINT*

Change Address of: Insured Owner Billing Payor

If address change applies to other ERIE FAMILY LIFE policies, list policy numbers here:

To: _____

NAME CHANGE: *Complete only for a name change. (Do not use for a change to another Ownership arrangement.) (See instructions) PLEASE PRINT*

Change Name of: Insured Owner Covered Dependent Billing Payor

Change Name from: _____ to _____

Reason for Change: _____

PAY MODE CHANGE:

Change payment mode to:

Change UL planned premium to: _____

If pay mode change applies to other Erie Family Life policies, indicate policy numbers here:

Annual Semi-Annual Quarterly Monthly

Check-matic (See Instructions) Other _____

CORRECT DATE OF BIRTH:

Correct Date of Birth to: _____
Month Day Year

Proof of date of birth must be submitted. Acceptable proof is a copy of a birth certificate, baptismal certificate or driver's license.

SIGNATURE: *Required for any change on this form, except for Address and Pay Mode changes.*

By signing below, I, the current owner:

- agree to the request(s) made on this form and to the terms and conditions that I have received and read regarding the request(s).

X _____
Owner Date

X _____
Joint Owner Date

X _____
Irrevocable Beneficiary Date

Authorized Signature Requirements for:

CORPORATION:

- Signature and title of authorized officer

PARTNERSHIP:

- Signature of all partners with title "Partner" after each, and
- A statement from one of the partners, other than the Insured, that all partners have signed.

SOLE PROPRIETORSHIP:

- Signature of owner, followed by "doing business (as the Company name)."

_____ Title Company Name

BENEFICIARY REQUEST *(See Instructions)*

Policy Number: _____

I (current owner) request that the proceeds payable at the Insured's death be paid to the beneficiary(ies) shown below:

Primary *Check only one box in this section and complete the applicable information: PLEASE PRINT* The following person(s) are primary beneficiaries:

FULL NAME(S)	RELATIONSHIP TO INSURED	AGE	ADDRESS

- Children of the Insured.
 Children of the Insured by Representation.
 Children born of the marriage of the Insured and _____ (See Instructions)
(Spouse's Name)
 The Insured's Estate ***(If this box is checked, check no other boxes on this page.)***
 Trustee under Trust Agreement dated _____

Name of Trustee(s) _____

Address _____ City and State _____

 Trustee under Insured's will (Testamentary Trustee) ***Please consult legal counsel before choosing this arrangement.*** Business *(includes schools, charities, etc.)*.

Name _____ City and State _____

Business is: Corporation Partnership Sole Proprietorship Other _____**Contingent** *Check only one box in this section and complete the applicable information ONLY if a Contingent beneficiary is to be named: PLEASE PRINT* The following person(s) are contingent beneficiaries:

FULL NAME(S)	RELATIONSHIP TO INSURED	AGE	ADDRESS

- Children of the Insured.
 Children of the Insured by Representation.
 Children born of the marriage of the Insured and _____ (See Instructions)
(Spouse's Name)
 The Insured's Estate
 Trustee under Trust Agreement dated _____

Name of Trustee(s) _____ Relationship _____

Address _____ City and State _____

 Trustee under Insured's will (Testamentary Trustee) ***Please consult legal counsel before choosing this arrangement.*****SPECIAL BENEFICIARY REQUEST:** *(Explain Fully)*

Designation of Trustee When Minor Child is Named as Beneficiary.

(Applies to all children named as beneficiaries.)

Trustee for any beneficiary less than age _____. (insert 21 or less.)

Upon the death of the Insured, any rights of such beneficiary(ies) to receive the pro-rata share of this policy and any rights to exercise any settlement option on this policy shall be vested in:

Trustee: _____ Relationship _____

Trustee Address: _____

Trustee City, State & Zip Code: _____

The Trustee shall:

(Select only one option to be exercised by the Trustee.)

- Hold pro-rata share and any accumulated interest in trust and pay the principal and interest to beneficiary(ies) when he/she reaches age _____ .
- Hold pro-rata share in trust and pay accumulated interest annually as earned, then pay proceeds to beneficiary(ies) when he/she reaches age _____ .
- Use pro-rata share and accumulated interest for benefit of minor(s) and distribute remainder, if any, at age _____ .
- Perform duties as described in attached Trust Agreement. (Attach Trust Agreement.)

If Trustee dies or becomes unable to perform his/her duties at the time any beneficiary reaches the age entered above, the following shall be the successor trustee with the rights and duties enumerated above.

Successor Trustee: _____ Relationship _____

Trustee Address: _____

Trustee City, State & Zip Code: _____

NOTE: Once Erie Family Life pays the pro-rata share to the beneficiary(ies) and/or trustee, their duty is fully performed and Erie Family Life Insurance Company has no further liability under this policy.

SPECIAL OWNERSHIP REQUEST: Complete this section only if the box designated "SPECIAL OWNERSHIP REQUEST" is checked on page 4.

OWNERSHIP REQUEST (See Instructions)

Policy Number: _____

I (current owner) request that all rights of ownership and control be changed to belong to the new owner(s) shown below:

Ownership Arrangement Check only one box and complete the applicable information. Be sure to read the REMINDER below.

	NEW OWNER'S NAME	AGE	RELATIONSHIP TO INSURED
<input type="checkbox"/> The Insured			
<input type="checkbox"/> One Owner , otherwise new owner's estate.			
<input type="checkbox"/> One Owner , otherwise the Insured.			
<input type="checkbox"/> Successive Owners , otherwise the estate of last owner to die.	Owner (1)		, otherwise
	Contingent Owner (2)		
<input type="checkbox"/> Successive Owners , otherwise the Insured	Owner (1)		, otherwise
	Contingent Owner (2)		
<input type="checkbox"/> Joint Owners , otherwise survivor, otherwise estate of last owner to die.	Owner (1)		, and
	Joint Owner (2)		

 Trustee under Trust Agreement dated _____

Name of Trustee(s) _____

Address _____ City and State _____

 Business Name _____

Address _____ City and State _____

Check one: Business is: Corporation, its successors or assigns Partnership, as now exists or later constituted**Automatic Transfer of Ownership:** Ownership arrangement above is to apply only while the Insured is less than age 18 or 21, depending on your policy. Retain automatic transfer of ownership to Insured at age 18 or 21, depending on your policy. Ownership arrangement above is to apply before and after Insured attains age 18 or 21, depending on your policy.**Special Ownership Request:** Explain any special ownership request that cannot be shown above in the appropriate section on page 3.**REMINDER:** It is usually appropriate to change your beneficiaries when changing ownership. If the box below is checked, it is not necessary to complete the Beneficiary Request page. Your beneficiaries will be changed to the owner(s) listed in your ownership request.**Beneficiary Change:** Check if applicable. Pay the proceeds that become payable at the Insured's death in one sum to the owner(s) shown in this Ownership Request, in the same order of priority.**TAX CERTIFICATION:** To be completed by the new owner when a change in ownership is being requested.

Under penalties of perjury, I, the new owner, certify that:

1. My taxpayer identification (Social Security) number is:

New Owner Information:

Address: _____

2. Check one: (See Instructions)

 I have been informed by the IRS that I am subject to back-up withholding. I am not subject to back-up withholding for the reasons below:

a. I have not been notified that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or

b. The IRS has notified me that I am no longer subject to back-up withholding.

City: _____

State, Zip Code: _____

SIGNATURE OF NEW OWNER: (Custodian if Owner is a Minor)

Date: _____

X _____