

**COLONIAL SECURITY LIFE INSURANCE COMPANY**  
 Dallas, Texas  
**REQUEST FOR POLICY CHANGE**

| Policy Number | Insured | Effective Date of Change |       |      |
|---------------|---------|--------------------------|-------|------|
|               |         | Day                      | Month | Year |
|               |         |                          |       |      |

The Colonial Security Life Insurance Company is requested to change this policy as follows: \_\_\_\_\_

I request a maximum partial withdrawal on the policy referenced above. I understand that the Specified Amount of my policy will be decreased. I further understand that there will be a \$15.00 service fee charge deducted from my accumulated cash value for processing this transaction.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Owner's address: \_\_\_\_\_

\_\_\_\_\_ Owners Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Signature of Owner

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Signature of Insured

\_\_\_\_\_  
 Signature of Spouse

\_\_\_\_\_  
 Signature and Title of Officer signing for owner

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 INSTRUCTIONS

1. The policy and any current premium due should accompany this request.
2. Use this form for all policy changes except for term conversions, cash surrenders, policy increases and reinstatements. Special forms are provided for these specific changes.
3. Your spouse must sign the policy change form. Texas is a community property state.
4. A non-relative Witness signature is required.