

State Life & Health Insurance Guaranty Association in the Matter of London Pacific Life & Annuity Company, in Liquidation

C/O Philadelphia American Life Insurance Company
P O Box 1064
Houston, Texas 77251-1064
(866) 218-0314

Policy Service Request Form

Instructions

General

A separate form should be used for each policy unless all requests made are applicable to each policy number listed.

Print all answers legibly in ink (preferably in black ink).

Sign same name as it appears in policy or related document (e.g. a prior request, assignment form).

For other requests not included in this form, contact the company for the applicable form.

Signature Requirements

Policyowner must sign all policy service requests.

Witness: Each required signature must be witnessed by a person of legal age who is not a beneficiary and who has no rights, title or interest in the policy.

Multiple Owners: If a policy has more than one owner, each owner's signature is required.

Corporate Owners: Forms must be signed by an officer of the corporation other than the insured on behalf of the corporation. Title of the signing officer must be indicated.

Irrevocable Beneficiaries: If the beneficiary designation is irrevocable, the beneficiary's signature is required in addition to that of the policyholder.

Assigned Policies: If a policy is assigned, the signature of the assignee is also required; if the policy is assigned to a corporation, signatures required are the same as in "corporate owners" above.

Questionable Signature Requirements: Contact the company for clarification and instructions.

* MUST BE COMPLETED

* 1. IDENTIFICATION

Policy Number _____

* Owner _____

* Insured _____

* If change of name, show old name here and complete No. 9.

2. POLICY LOAN

Make a policy loan for:

\$ _____

Maximum Amount Available

I understand that this loan will be subject to all applicable policy provisions and interest rate(s). The amount of the loan will be increased by interest, as specified in the policy contract. If a policy is assigned, assignee must sign #12.

3. WITHDRAWAL OPTIONS

I wish to start systematic withdrawals of interest only. Monthly Annual

I wish to withdraw \$ _____ Gross Net (amount after fees and tax withholding)

I wish to withdraw the maximum amount available penalty-free

Federal withholding: I understand that the distribution I receive may be subject to Federal Tax Withholding, and that I could be liable for payment of Federal Income Tax on any taxable portion of the distribution.

I hereby elect **not** to have Federal Income Tax withheld.

4. POLICY SURRENDER

I request payment of the full cash surrender value of this policy. No bankruptcy proceedings are outstanding and no liens are pending against this policy. In consideration of this agreement, The State Life & Health Insurance Guaranty Association in the Matter of London Pacific Life & Annuity Company, in Liquidation, is discharged of all obligations under this policy and it is understood that this policy is no longer in effect as of the coverage termination date. I have enclosed my policy.

Federal Withholding: I understand that the distribution I receive may be subject to Federal Tax Withholding, and that I could be liable for payment of Federal Income Tax on any taxable portion of the distribution.

I hereby elect **not** to have Federal Income Tax withheld.

5. LOST POLICY

My policy has been lost or misplaced. Issue a duplicate policy or certificate of insurance or grant benefits requested under this policy without requiring surrender of the original policy. I agree to rely on the duplicate policy and surrender the original policy to the company, without claim, should it come into my possession.

6. BENEFICIARY CHANGE

I revoke all prior beneficiary and mode of designations and request the company to change the beneficiary and pay proceeds of the policy upon death of the insured to:

	Print Full Name	Address	Relationship To Insured	Date of Birth	Soc. Sec. #
Primary Beneficiary:	_____	_____	_____	_____	_____
Secondary Beneficiary:	_____	_____	_____	_____	_____

I understand this beneficiary change will be subject to all applicable policy provisions. Unless otherwise specified, all surviving primary or secondary beneficiaries will share proceeds equally.

7. OWNERSHIP CHANGE

I relinquish all right, title and interest in the above policy. No other person, firm, corporation or government authority has any interest in this policy and no insolvency or bankruptcy proceedings are pending.

New Owner Name: _____ Date of Birth ___ / ___ / ___
Street Address _____ Apartment No. _____ County _____
City _____ State _____ Zip _____ Social Security or Tax I.D. No. _____

A contingent owner may be designated when the annuitant is not the owner. Such designation may be made in #11.

* **8. Current mailing address and / or changes**

Change address of: Insured Owner Assignee Premium Payor

Name: _____ Phone _____
Street Address _____ Apartment No. _____
City _____ County _____ State _____ Zip _____
Phone: _____ Email _____

9. NAME CHANGE

Change name of: Insured Beneficiary Owner Premium Payor

(Give names in full) From: _____ To: _____

Reason for change: Marriage Divorce Correction Other

Attach copy of legal document

10. ANNUITY BENEFIT PAYMENT OPTIONS

I elect **NOT** to have federal income tax withheld

ANNUITIZATION OF DEFERRED ANNUITY ONLY. CHECK ONE:

Life Annuity 10-Year Period Certain & Life Period Certain _____ years Joint & Survivor Life Income

Co-Annuitant Birthdate	Co-Annuitant Soc. Sec. #	Co-Annuitant Printed Name	Co-Annuitant Signature
_____	_____	_____	_____

11. SPECIAL REQUESTS (BE SPECIFIC)

* **12. SIGNATURES**

I understand that the request for service will not become effective until the request is recorded and when so recorded shall take effect as of the date of this request, or the date specified.

Witness	Date	Policyholder(s)
_____	_____	_____
Witness	Date	New Owner
_____	_____	_____
Witness	Date	Assignee (If Any)
_____	_____	_____
Witness	Date	Irrevocable Beneficiary (If any--Not required for #7)
_____	_____	_____

13. ACKNOWLEDGEMENT

(For company use only)

Requests made under Nos. 6,7,8 and 9 will be acknowledged.

The State Life & Health Insurance Guaranty Association has recorded the change(s) requested and retained the original request.

Date: _____ By: _____
Title: _____