

Standard Insurance Company

Individual Disability Insurance www.standard.com/di
 PO Box 5180 Portland, OR 97208-5180

Policy Change Request

Please complete the appropriate section for each requested change and sign in the AGREEMENT section.

Policy Number(s) _____	Policy Owner _____ Insured _____		
PLEASE MAKE THE FOLLOWING MARKED CHANGE(S) TO THE POLICIES IDENTIFIED ABOVE			
<input type="checkbox"/> CHANGE ADDRESS	<input type="checkbox"/> OWNER <input type="checkbox"/> INSURED <input type="checkbox"/> PAYOR <input type="checkbox"/> OTHER	Effective date of change: _____ Daytime Phone: _____ E-mail: _____	NEW ADDRESS: CITY _____ STATE _____ ZIP _____
<input type="checkbox"/> CHANGE NAME	<input type="checkbox"/> OWNER <input type="checkbox"/> INSURED <input type="checkbox"/> OTHER _____ _____ <i>Please Print New Name</i> _____ Signature, using New Name	← TWO SIGNATURES NEEDED: If change of owner name, please also sign in the Agreement section below with your prior name. REQUIREMENTS: For owner or insured name changes, include court documents for individuals, and corporate resolutions or equivalent with state seal for institutions. Do not use this form for a change of ownership. If ownership is being transferred to a new owner, use Form 2527 "Absolute Assignment and Successor Owner Endorsement." If the owner's Taxpayer ID has changed, an ownership change is involved – not a name change.	
<input type="checkbox"/> CHANGE BILLING FREQUENCY	Change direct billing frequency to: <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY		← NOTE: To change payment method to EFT, use FORM 1804 EFT AUTHORIZATION.
<input type="checkbox"/> CHANGE PAYOR	NEW PAYOR: _____ <i>Write new Payor's address in the "Change Address" section.</i>		← Use this form only if payor change is not part of a change of ownership.
<input type="checkbox"/> CHANGE SERVICING PRODUCER	NEW SERVICING PRODUCER: _____ PRODUCER #: _____ AGENCY: _____		← For Producer Correspondence Purposes Only.
<input type="checkbox"/> POLICY/RIDER REDUCTIONS:	<input type="checkbox"/> REDUCE BENEFIT AMT TO: \$ _____ <input type="checkbox"/> REDUCE FUTURE INSURABILITY OPTION BALANCE TO: \$ _____ <input type="checkbox"/> SHORTEN BENEFIT PERIOD TO: _____ <input type="checkbox"/> LENGTHEN WAITING PERIOD TO: _____ <input type="checkbox"/> TERMINATE THIS RIDER: _____		← NOTE: Any changes are subject to policy terms and limitations. For reinstatements, policy increases, or other changes requiring underwriting, use the state-specific version of: FORM 10161 REINSTATEMENT OR POLICY CHANGE APPLICATION SUPPLEMENT.
<input type="checkbox"/> SURRENDER POLICY	I surrender this policy. I understand that the policy will terminate effective on the date this written request is received at Standard Insurance Company's home office. Send check for unearned premium, if any, to (check one): <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER: Name _____ Address _____ City _____ State _____ Zip _____ CHECK ONE: <input type="checkbox"/> Policy is enclosed <input type="checkbox"/> Policy is lost. I will promptly send it to Standard Insurance Company if found.		
<input type="checkbox"/> OTHER	_____		
AGREEMENT: I agree that all requests will be subject to the provisions and conditions of the policy and to the company's usual procedures governing any action taken based on this request.			
_____ Signature of Owner	_____ Date Signed	_____ Signature of Collateral Assignee, if any	_____ Date Signed
PRODUCER _____ (if involved)	AGENCY _____	_____ Date Signed	