

The Standard Life Insurance Company of New York

Individual Disability Insurance www.standard.com/di  
 1100 SW Sixth Avenue Portland, OR 97204-1093

Policy Change Request

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

Policy Number(s)		Policy Owner	
		Insured	
<b>PLEASE MAKE THE FOLLOWING MARKED CHANGE(S) TO THE POLICIES IDENTIFIED ABOVE</b>			
<input type="checkbox"/> <b>CHANGE ADDRESS</b>	<input type="checkbox"/> OWNER <input type="checkbox"/> INSURED <input type="checkbox"/> PAYOR <input type="checkbox"/> OTHER	Effective date of change: _____	NEW ADDRESS:
		Daytime Phone: _____	
		E-mail: _____	CITY _____ STATE _____ ZIP _____
<input type="checkbox"/> <b>CHANGE NAME</b>	<input type="checkbox"/> OWNER <input type="checkbox"/> INSURED	<p>← <b>TWO SIGNATURES NEED:</b> If change of <u>owner</u> name, please also sign in the <b>Agreement</b> section below with your <u>prior</u> name.</p> <p><b>REQUIREMENTS:</b> 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 SNY2527 "Absolute Assignment and Successor Owner Endorsement." If the owner's Taxpayer ID has changed, an ownership change is involved – not a name change.</p>	
	<input type="checkbox"/> OTHER _____		
		Please Print New Name _____	
		Signature, using New Name _____	
<input type="checkbox"/> <b>CHANGE BILLING FREQUENCY</b>	Change direct billing frequency to:		<p>← <b>NOTE:</b> To change payment method to EFT, use FORM SNY1804 EFT AUTHORIZATION.</p>
	<input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY		
<input type="checkbox"/> <b>CHANGE PAYOR</b>	NEW PAYOR: _____ Write new Payor's address in the "Change Address" section.		<p>← Use this form only if payor change is not part of a change of ownership.</p>
<input type="checkbox"/> <b>CHANGE SERVICING PRODUCER</b>	NEW SERVICING PRODUCER: _____ PRODUCER #: _____ AGENCY: _____		<p>← For Producer Correspondence Purposes Only.</p>
<input type="checkbox"/> <b>POLICY/RIDER REDUCTIONS:</b>	<input type="checkbox"/> REDUCE BENEFIT AMT TO: \$ _____		<p>← <b>NOTE:</b> Any changes are subject to policy terms and limitations. For reinstatements, policy increases, or other changes requiring underwriting, use the <u>state-specific</u> version of:  FORM SNY10161 REINSTATEMENT OR POLICY CHANGE APPLICATION SUPPLEMENT.</p>
	<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:		
<input type="checkbox"/> <b>SURRENDER POLICY</b>	<p>I surrender this policy. I understand that the policy will terminate effective on the date this written request is received at The Standard Life Insurance Company of New York at the address above.</p> <p>Send check for unearned premium, if any, to (check one): <input type="checkbox"/> OWNER    <input type="checkbox"/> OTHER: Name _____</p> <p>Address _____ City _____ State _____ Zip _____</p> <p>CHECK ONE: <input type="checkbox"/> Policy is enclosed    <input type="checkbox"/> Policy is lost. I will promptly send it to The Standard Life Insurance Company of New York if found</p>		
<input type="checkbox"/> <b>OTHER</b>			
<p><b>AGREEMENT:</b> 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.</p>			
_____ Signature of Owner		_____ Date Signed	
_____ Signature of Collateral Assignee, if any		_____ Date Signed	
PRODUCER _____ (if involved)		AGENCY _____ Date Signed _____	