

BEST MERIDIAN INTERNATIONAL INSURANCE COMPANY SPC

CUSTOMER SERVICE REQUEST

Policy number	Insured	Policyowner (If other than insured)
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MAIL CHECK, CHANGE ADDRESS OR REPLY TO:

Address _____

Telephone: (Residence) _____ (Business) _____ (Cellular) _____

E-mail address: _____

PLEASE PROCESS AS INDICATED BELOW:

1- SURRENDER (Policy must be returned)

The cash surrender value is requested and it will be accepted as full payment and release of all claims under the policy. The surrender request will be effective when it is received by the Company.

Forward check for the proceeds after deduction of indebtedness, if any

Apply the proceeds as follows: _____

I certify that no bankruptcy proceedings, attachment, tax or other lien or claim is now pending against the policyowner.

2- PARTIAL SURRENDER (Only for variable life policies)

Maximum amount or Specified amount \$ _____

3- MODE OF PREMIUM PAYMENT

Please change mode of premium payment to: Annual Semi-annual Monthly*(Term plans only)

*Available only for automatic credit card payments via Internet.

4- DUPLICATE POLICY OR POLICY CERTIFICATE

I certify that I have been unable to find the above described policy and I further certify that the policy is not assigned or pledge. I request the issuance of a duplicate policy, or certificate of insurance should duplicate policy not be available. I agree that (a) upon issuance of a duplicate policy or certificate, the original policy shall be null and void, and (b) if the original policy is found, it will be immediately returned to Best Meridian International Insurance Company SPC. I agree to hold the Company harmless from any claim or expense under the original policy.

5- AGE CORRECTION (Policy must be returned)

Insured Spouse Correct birthdate _____
(If the change is to a lower age submit proof of birth)

I wish to continue present premium, adjust amount of insurance

I wish to continue same amount of insurance, adjust premium

(SIGNATURES ON FOLLOWING OF PAGE)

6- NAME CHANGE

Change name of: Insured Policyowner Beneficiary

From (Please print former name)

To (Please print new name)

Reason for change: _____ (If other than marriage, divorce or correction, attach copy of legal evidence)

7. OWNERSHIP CHANGE

Transfer ownership of policy to:

I.D. number (Please send copy):

Upon the death of the new owner, the owner shall be:

Insured

Other _____

Address of new owner _____

8. BENEFICIARY CHANGE (If there is a minor as beneficiary, please designate a custodian)

Change beneficiary to:	Print full name	Date of birth	I.D. Number	Relationship
Primary beneficiary				
Contingent beneficiary				

I hereby designate _____ as custodian for the minors named as beneficiaries on the above-referenced insurance policy under the Florida Uniform Transfers to Minors Act.

Best Meridian International Insurance Company SPC (BMII) shall not be responsible for the application or disposition of the insurance proceeds by said custodian and the receipt by such custodian shall be full discharge of BMII's liability under the life insurance plan.

Proceeds will be paid in equal shares to primary beneficiaries who survive the insured, but if none survive the insured, proceeds will be paid in equal shares to contingent beneficiaries if any are living. This change cancels any previous beneficiary designation or settlement agreement.

9. ADDITIONAL REQUEST (Any other change not listed above)

I/We agree that my(our) signature(s) below shall apply to each request which has been checked on both sides of this form.

Date

Signature of policyowner (If owned by a company, show title)

Signature of irrevocable beneficiary (if any)

Signature of new policyowner

FOR INSURANCE COMPANY USE ONLY

Registered by Best Meridian International Insurance Company SPC, on the ____ day of _____ of 20 ____

Signature of authorized policyholder services representative