



SPJST

Insuring and Enriching Lives

Request for Replacement of a Universal Life Certificate

This form may be used to request to replace a UL Insurance Certificate.
For questions or help with this form, call us at 800-727-7578

1. Original certificate information

Current Lodge _____

Certificate Number		Date of Birth:	
Insured's Name		SSN	
Owner's Name		SSN	
Owner's address		Email address	
City, State, Zip Code		Daytime Phone Number (in case we need to contact you about this request)	

Is the original certificate being returned? Yes No If no, has the UL certificate been lost or destroyed? Yes No

2. Replacement information

Replace Full / Partial Amount to Permanent insurance (WL, 20P, 10P, Pd@65)

Face Amount: _____ Plan of Insurance: _____

APL: yes ___ or no ___

Apply Cash Value to Single Premium Life. **1035 FORM REQUIRED**

Face Amount: _____

3. New Certificate Information

Part A: Enter the face amount and effective date of the new certificate below.

Face amount of new policy \$ _____ (Refer to your illustration for this information.)

Effective date of new policy for UL Replacement (mm/dd/yyyy): _____

Part B: Choose a premium payment plan (select one)

- Annual You will receive a billing notice once a year for your premium amount.
- Semi-Annual You will receive a billing notice twice a year for your premium amount.
- Quarterly You will receive a billing notice four times a year for your premium amount.
- Monthly You can pay your premiums by pre-authorized check **(complete an SPJST Consumer Authorization for Direct Payment Via ACH (ACH Debit) form if you choose this option.)**

4. Beneficiary Information

- Your primary beneficiary should be in the individual(s) who will receive life insurance proceeds in the event of your death.
- Your contingent beneficiary should be the individual(s) who will receive life insurance proceeds in the event that your primary beneficiary (ies) is not living at the time of your death.
- To list additional beneficiaries, please attach a separate paper that includes the information below. Please be sure to sign the additional page as well as section 5.
- Total percentages for all primary beneficiaries must equal 100%. Total percentages for contingent beneficiaries must also equal 100%.
- If you do not specify percentages, we will divide the proceeds equally among your beneficiaries.

Beneficiary Name				SSN
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary	Percentage %	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to insured
Address				Phone Number
City			State	Zip

Beneficiary Name				SSN
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary	Percentage %	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to insured
Address				Phone Number
City			State	Zip

Beneficiary Name				SSN
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary	Percentage %	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to insured
Address				Phone Number
City			State	Zip

Beneficiary Name				SSN
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary	Percentage %	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to insured
Address				Phone Number
City			State	Zip

5. Signature(s)

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.), please include your fiduciary relationship. We will need your authorizing documents to process this request. If we do not have them on file, please attach them to this form.

If Certificate has been assigned, signature of the Assignee is required below.

I understand that if my request for replacement is accepted by the Company:

- The suicide and incontestability periods in the new certificate will be the same as the policy being replaced.
- This request for replacement will become part of the new certificate.

Will the coverage applied for replace, discontinue, or change any existing life insurance coverage or annuities with this or any other company? YES NO

Insured signature	Date (mm/dd/yyyy)
Please PRINT name below	
Signed at	

Owner signature (if applicable)	Date (mm/dd/yyyy)
Please PRINT name below	
Signed at	


Assignor signature (if applicable)	Date (mm/dd/yyyy)
Please PRINT name below	
Signed at	

Additional signature (if applicable)	Date (mm/dd/yyyy)
Please PRINT name below	

6. Agent Information (if applicable)

Agent Name	Agent Number	Percentage %
Agent Name	Agent Number	Percentage %
Address	Phone Number	
Agent Email address		

CONTACT SPJST Fraternal Life Insurance:

 **by mail**
SPJST Fraternal Life Insurance
PO Box 100
Temple, TX 76503

→ By express mail
SPJST Fraternal Life Insurance
520 North Main Street
Temple, TX 76501

 **by fax**
254-774-7447

 www.spjst.org

 **Customer Service 800-727-7578 M-F 8:00 am to 5:00 pm Central Time**

Please complete and leave with member


We APPRECIATE you; as a member and as a customer. Please keep this page for easy reference.


My agent is: _____

My agent phone number: _____

YOUR GUIDE TO CONTACTING THE SPJST HOME OFFICE

CONTACT SPJST Fraternal Life Insurance:

 **by mail**
SPJST Fraternal Life Insurance
PO Box 100
Temple, TX 76503

 **By express mail**
SPJST Fraternal Life Insurance
520 North Main Street
Temple, TX 76501

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THANK YOU!

If Applicant Has ANY Existing Life Insurance or Annuity Contracts, This Page Must Be Completed

SPJST
[PO Box 100 • Temple, TX 76503 • (800) 727-7578]

**IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

This document must be signed by the Applicant and the Producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of life insurance policy or an annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the Insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

- 1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO**
- 2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES NO**

If you answered “yes” to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	INSUROR NAME & ADDRESS	CONTRACT OR POLICY NUMBER	INSURED OR ANNUITANT NAME	REPLACED (R) OR FINANCING (F)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an In-Force Illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because: _____

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicants Signature and Printed Name Date

Sales Agent’s Signature and Printed Name Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

— *Return to Home Office* —

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it will perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS: Are they affordable?
Could they change?
You're older – are premiums higher for the proposed new policy?
How long will you have to pay premiums for the new policy?
How long will you have to pay premiums for the old policy?

POLICY VALUES: New policies usually take longer to build cash values and to pay dividends.
Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
What surrender charges do the policies have?
What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?

INSURABILITY: If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down. You may need a medical exam for a new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:
How are premiums for both policies being paid?
How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits?
What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:
Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:
What are the tax consequences of buying the new policy?
Is this a tax-free exchange? (See your tax advisor).
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company compare with your existing company?

— *Return to Home Office* —