

The Standard Life Insurance Company of New York

Individual Disability Insurance

Administrative Office: 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	
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 BILLING FREQUENCY	Change billing frequency to: <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY EFT		← NOTE: To change payment method to Electronic Funds Transfer (EFT), use FORM 1804 EFT AUTHORIZATION.
<input type="checkbox"/> CHANGE PAYOR	NEW PAYOR NAME: _____ <i>Enter 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 BASIC MONTHLY BENEFIT AMOUNT TO: \$ _____ <input type="checkbox"/> REDUCE INCREASE OPTION RIDER 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 or other changes requiring underwriting, use form SNY 18472 Application for Reinstatement or Policy Change packet.
<input type="checkbox"/> CHANGE NAME	<input type="checkbox"/> OWNER <input type="checkbox"/> INSURED <input type="checkbox"/> OTHER _____ _____ <i>Please Print New Name</i>	← 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 SNY 19640 "Absolute Assignment for Change of Ownership." If the owner's Taxpayer ID has changed, an ownership change is involved – not a name change.	
<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 The Standard Life Insurance Company of New York's administrative office. Send check for unearned premium, if any, to (check one): <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER: Name _____ Address _____ City _____ State _____ Zip _____		
<input type="checkbox"/> OTHER	_____		
AGREEMENT: I understand that any policy change request must be approved and processed by The Standard before the change will take effect. I agree that any policy change will be subject to the provisions and conditions of the policy and The Standard's rules and procedures.			
_____ Signature of Owner		_____ Date Signed	
_____ Signature of Collateral Assignee, if required		_____ Date Signed	
PRODUCER _____		AGENCY _____	
		_____ Date Signed	