POLICY SERVICE FORM

Pan-American Life Insurance Company

Policy Number: _____ **Insured:** _____

☐ 1. CHANGE OF ADDRESS (Complete only if this is a change)

New Address (please print)

_____
Number and Street

_____
City and State

_____
County and Zip Code

Please list all policy numbers affected by this change of address:

_____ _____

_____ _____

_____ _____

☐ 2. DIVIDENDS

☐ A. Pay $ _____ of dividend credits in cash.

☐ B. Apply $ _____ toward payment due _____ on policy number _____

☐ C. Other _____

☐ 3. CHANGE MODE TO: ☐ Annual ☐ Semi-Annual ☐ Quarterly

☐ 4. CHANGE DIVIDEND OPTION TO: ☐ Cash ☐ Reduce Premium ☐ Accumulate at Interest ☐ Paid-Up Additions ☐ Reduce Loan

APPLY ANY BALANCE TO: ☐ Cash ☐ Accumulate at Interest ☐ Paid-Up Additions

☐ Maximum Accumulation Dividend (**only available on a policy which has an Annual Paid Up Additional Insurance Rider)**
This option buys Paid-Up Additional insurance unless the Policy will become a Modified Endowment Contract (MEC) in the next year. When this occurs the option purchases a combination of One Year Term Insurance and Paid-Up Insurance to increase the policy death benefit and keep the policy from becoming a MEC. However, if dividends are surrendered or if changes are made to this policy, this policy may still become a MEC.

NOTE: Before election of "Accumulate at Interest" can be effective, Owner Tax Identification is required.

Owner's Tax Identification Number Certification

Tax identification No. _____

☐ Individual Social Security No. ☐ Corporation ☐ Partnership ☐ Trustee

Under penalties of perjury, I certify that:

1. **The number shown on this form is my correct Tax Identification number; and**
2. **I am not subject to backup withholding because; (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.**

You must cross out item 2 above if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

SEE REVERSE SIDE FOR SIGNATURE REQUIREMENTS

IF ANYTHING IS CHECKED ABOVE, THIS SIDE MUST BE SIGNED

_____ _____
Daytime Phone Number Policyowner's Name (Please Print)

_____ _____
Date Policyowner's Signature

_____ _____
Date Policyowner's Signature

All checks will be mailed to the policyowner's address on record, unless otherwise requested.

PO Box 9060, Oak Brook, Illinois 60522-9807
1(800)323-7320

Form No. 6105 (11/25)

Pan-American Life Insurance Company

Policy Number: _____ **Insured:** _____

☐ **5**. Enter this policy on its records as being fully paid, in accordance with the provision of this policy. It is understood that any existing loan will remain outstanding.

☐ **6.** CHANGE THE NON-FORFEITURE OPTION TO:
- ☐ A. Non-participating Extended Term Insurance, revoking any existing Automatic Premium Loan Privilege.
- ☐ B. Participating Paid-Up Insurance, revoking any existing Automatic Premium Loan Privilege.

☐ **7.** Enter this policy on its records as Reduced Paid-Up Insurance, revoking any existing Automatic Premium Loan Privilege.
- ☐ A. Dividends are **to be used** in the calculation.
- ☐ B. Dividends are **not to be used** in the calculation.
- ☐ C. Any existing loan is to remain outstanding.

☐ **8.** Enter this policy on its records as Extended Term Insurance, revoking any existing Automatic Premium Loan Privilege.
- ☐ A. Dividends are **to be used** in the calculation.
- ☐ B. Dividends are **not to be used** in the calculation.

The undersigned requests that the indicated action be taken without the production of the policy for endorsement and expressly agrees to waive any policy provision requiring endorsement of the policy in order to process this request.

IF ANYTHING IS CHECKED ABOVE, THIS SIDE MUST BE SIGNED

_____ _____
Daytime Phone Number Policyowner's Name (Please Print)

_____ _____
Date Policyowner's Signature

_____ _____
Date Policyowner's Signature

WHO MUST SIGN

1. The owner
2. The beneficiary if designated irrevocably.
3. If the signature of a corporation is required, the name of the corporation should be filled in followed by the signature of two of its officers with their titles

Please note that this form may no longer be used to request a policy loan. All policy loans must be requested on Form No. 6106 - POLICY LOAN REQUEST AND AGREEMENT

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