

LIFE INSURANCE ADJUSTMENT REQUEST

State of New York

Office of Temporary and Disability Assistance

To _____ (herein after called the "Company") (Name of Insurance Company)	DATE
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We have checked the box indicating the adjustments needed in this case. Please send all correspondence to:_____
(Full Name of Caseworker)

Address: _____

Prefix:	Policy Number:	Suffix:	Name of Insured:
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1. *Application for The Cash Surrender Value* of the above-numbered policy is hereby made by the undersigned. Request is also made that the designated beneficiary or beneficiaries be removed and the policy be made payable to the executors or administrators of the Insured, or to the owner if other than the insured, except that such request shall not apply in the case of a policy subject to the laws of Canada. It is understood, however, that any such change of beneficiary shall be void and that this application for cash surrender shall be of no effect if this application is withdrawn before issuance of the check, or if the Insured dies before the delivery or tender of the check.

Each of the undersigned executing this form certifies to the Company that no proceedings in bankruptcy of insolvency, voluntary or involuntary, have ever been instituted by or against any or either of them, except as follows:

The Company is hereby authorized to make payment by a check drawn to the order of the person or persons who have the right to receive the cash surrender value.

Each of the undersigned executing this form represents to the aforementioned Company that he (or she) has attained to majority according to the laws of the State in which he (or she) resides or that he (or she) is empowered by law to execute this form even though majority has not been attained.

WITNESS TO SIGNATURE OF INSURED (<i>Caseworker</i>)	SIGNATURE OF INSURED
WITNESS TO SIGNATURE OF OWNER (<i>Caseworker</i>)	SIGNATURE OF OWNER (<i>If other than Insured</i>)

The Policy Must Be Returned With This Application To The Insurance Company

PREFIX	POLICY NUMBER	SUFFIX	NAME OF INSURED
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2. *Application For Reduced Paid-Up Insurance*. The undersigned elect(s) reduced paid-up insurance in accordance with the non-forfeiture provisions of the above-numbered policy.

The undersigned agree(s) that any assignment of record applicable to said Policy shall automatically become an assignment of the reduced paid-up insurance.

Each of the undersigned executing this form represents to the aforementioned Company that he (or she) has attained to majority according to the laws of the State in which he (or she) resides or that he (or she) is empowered by law to execute this form even though majority has not been attained.

WITNESSED BY (<i>Caseworker</i>)	SIGNATURE OF INSURED OR OWNER (<i>If Other Than Insured</i>)
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For Prudential Policies: The policy must be returned with this application.

For Metropolitan Policies: Submission of the policy with this application is not required.

PREFIX	POLICY NUMBER	SUFFIX	NAME OF INSURED	
<input type="checkbox"/> 3. <i>Application for Policy Loan.</i> The undersigned hereby applies to the Insurance Company for a policy loan in an amount sufficient to reduce the present loan value including the value of any dividends left with the Company to \$_____. The undersigned hereby assigns to the Company the said policy and all dividends and benefits now due or which may hereafter become due or be allowed by the Company on said Policy, to secure the repayment of said loan and the interest thereon. The undersigned agrees that said loan shall bear interest at the rate specified in said policy and if such interest is not paid when due, it shall be added to the said loan and bear interest at the same rate. If said loan is granted, any pre-existing loan indebtedness under a previous loan shall be deducted by the Company from the amount of this loan and any certificate of such previous loan shall be cancelled upon the records of the Company. The undersigned further agrees that, if any due premiums for this policy have not been paid on or before the date of this application, the Company may deduct from the amount of this loan an amount which will be applied in payment of such due premiums. A detailed loan statement will be furnished.				
WITNESSED BY (<i>Caseworker</i>)			SIGNATURE OF INSURED OR OWNER (<i>If Other Than Insured</i>)	
Submission of the policy with this application is not required by either Company.				
			Name of Insured	
<input type="checkbox"/> 4. <i>Request for Change Forms.</i> The Company is hereby requested to furnish the caseworker with the appropriate forms for a policy change or conversion as indicated below:				
PREFIX	POLICY NUMBER	SUFFIX	FROM	TO
It is understood that necessary forms will be sent to the caseworker, and that it will be necessary to submit the policy(ies) to the Company with the forms when completed.				