COLUMBIAN FINANCIAL GROUP

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE**:** BINGHAMTON, NY
COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE:
21333 NOVI ROAD,SUITE 200 • NOVI MI 48375

SURRENDER OF DIVIDENDS
OR
CHANGE OF OPTIONS

_____ _____ _____ _____
Policy Number Insured's Name District Agency

1) ☐ **SURRENDER OF ADDITIONAL INSURANCE OR WITHDRAWAL OF DIVIDENDS ON DEPOSIT**

Please surrender a sufficient amount of paid up additional insurance (Note: Cash surrender value of additional insurance will be calculated in the Home Office) or withdraw the amount of dividends now on deposit to provide:

☐ Maximum amount of cash available, or

☐ $

Complete only if desired amount is less than maximum.

IMPORTANT — *If all dividends are surrendered or withdrawn, your dividend option will remain the same unless you indicate otherwise below.*

2) ☐ **CHANGE OF OPTION FOR FUTURE DIVIDENDS** *(Complete only if a **change** of option is desired)*

☐ Accumulate at interest ☐ Reduce premiums ☐ Cash

☐ Purchase paid-up additional insurance *(A change to this option will require company approval and may also require evidence of insurability.)*

_____ _____
Signature of Owner Address

_____ _____ _____
Social Security No. Date City State Zip

_____
Witness

PRIVACY POLICY

Mutual of Detroit Insurance Company is committed to respecting the individual privacy of our customers. We are giving you this notice to tell you the information we collect about you and how we use that information.

We collect nonpublic personal information about you in order to provide a financial product or service to you. Some of the information we receive comes directly from you on applications and other forms. We may also receive information from physicians, testing laboratories and other health care providers, and from consumer reporting agencies. The types of information we receive may include addresses, social security numbers, family information and current and past medical history.

- ***We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.***
- ***We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products and services to you.***
- ***We maintain physical, electronic, and procedural safeguards to guard your nonpublic personal information.***

SPECIAL NOTICE FOR OHIO RESIDENTS: Pursuant to Ohio Revised Code Section 3999.21: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Form No. 835 CFG (Rev. 03.10)