



# COLUMBIAN FINANCIAL GROUP

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

Policy No. \_\_\_\_\_

## PART 1 — REQUEST FOR NAME CHANGE

- A. Change of Name for:     Insured     Applicant  
 from \_\_\_\_\_ to \_\_\_\_\_  
 Reason for change:     Marriage     Divorce     Legal     \_\_\_\_\_  
(Other)
- B. Correct Spelling of Name for:     Insured     Beneficiary  
 from \_\_\_\_\_ to \_\_\_\_\_

I certify that I am the owner of the above policy and hereby request that above change to be made. I agree that this change shall not be effective until it has been approved at the Home Office of the Company.

Date \_\_\_\_\_

Witness \_\_\_\_\_ Signed \_\_\_\_\_  
(Policy Owner)

## PART 2 — REQUEST FOR DUPLICATE

- Certificate or     Policy    which had been     Lost or     Destroyed

I hereby certify that the original of the above policy has been lost or destroyed. I further certify that no person, corporation or association has any claim or interest in said policy unless here stated.

\_\_\_\_\_

I agree that the duplicate copy issued pursuant to this request shall stand in place and stead of the original policy for all purposes. I further agree that if, having been lost, the original policy shall subsequently come into my possession I shall return it promptly to the Company.

Date \_\_\_\_\_

Witness \_\_\_\_\_ Signed \_\_\_\_\_  
(Policy Owner)

## PRIVACY POLICY

The Columbian Financial Group 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.**