



Member Company
Erie Family Life Insurance Company
 Service Center • P.O. Box 83026 • Lincoln, NE 68501
 Toll Free 1.800.458.0811 • Fax 866.567.1219 • www.erieinsurance.com

Policy Change and Service Form

Instructions:

- Select one or more of the following policy changes and complete all required fields.
- Return the completed form with all required signatures to the Service Center at the address above or by fax toll-free to (866) 567-1219.
- AZ, CA, ID, LA, NV, NM, TX, WA, and WI: Community/Marital Property Consent law applies. Please complete and return Community/Marital Property Consent Form EFL2046 when applicable.

No changes shall be recognized by Erie Family Life unless and until they are filed and accepted at the Erie Family Life Service Center.

Policy Number One Policy Number per Form	Insured Name
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Policy Cancellation: * Use form EFL2331 for Life surrenders. Use form EFL7514 for Annuity surrenders.

Please cancel my policy.

Address Change

Please change the address of the Insured Owner Payor/Billing Beneficiary to:

Paymode Change

Please change the paymode to:

Change planned premium amount to: \$ _____ (Annuity & Universal Life Only)

- Annual Semi-Annual Quarterly Chek-Matic - Submit EFL5003
 Payroll Deduct - Submit EFL5101 Commission Deduct Non-billed (Annuity & UL Only)

Payor Change

New Payor's Full Name: _____

Address: _____

Name Change

Copy of Marriage Certificate, Driver's License, Court Order, Adoption Papers or Legal Proof is required.

The correct name of the Insured Owner Payor Beneficiary is:

Reason for Change (please submit requirements):

- Marriage (copy of marriage certificate or driver's license) Adoption (copy of adoption papers or driver's license)
 Divorce (copy of court order or driver's license) Other* (copy of driver's license or other legal proof)

*If Other is selected, Please Specify Reason: _____

Date of Birth Correction

Copy of Birth Certificate or Driver's License is required.

Please correct the date of Birth of the Insured to: ____/____/____

Certificate of Insurance and Duplicate Policy

Duplicate policies cannot be provided for policies issued prior to August 1, 2007.

Please issue a Certificate of Insurance. The original policy has been: Lost Destroyed Other _____

Please issue a Duplicate Policy. The original policy has been: Lost Destroyed Other _____

Required Signatures and Authorization

By signing below, I, the current Owner, agree to this request and to the terms and conditions that may apply.

Signature of Owner	Date	Social Security Number (required)
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Signature of Joint Owner(s), if applicable	Date	Social Security Number (required)
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*Signature of Assignee, if applicable	Date
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Signature of Agent	Date	Agent Number (required)
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