## **How To: Request Inforce Policy Maintenance Changes**

**Summary:** This guide outlines Inforce change request types, required form(s) and best practices for avoiding Not In Good Order (NIGO) Work Items. All form(s) must be submitted in their entirety, including all pages. Inforce requests submitted internally (via the agency) may be sent to **GPAC Inforce Dropbox** by including the policy number, insured name, and transaction type in the subject line of the email. Direct client requests may be submitted to <a href="mailto:ILSolutions@glic.com">ILSolutions@glic.com</a>. Requests may also be submitted via mail to Guardian Life, Individual Markets-2 West, 6255 Sterner's Way, Bethlehem PA 18017. For assistance, please contact your Inforce Case Manager.

Benefit	Decreases turn around times by submitting requests in good order		
Requested Change	Complete Required Form (s)	Tips for Avoiding Not In Good Order (NIGOs)	
Add Rider  Note: Underwriting Required	<ul> <li>L-AP-CHG-CONV-2018 Change Form (Sections A, B, G, H and P (signature page)</li> <li>Producer Certification</li> <li>Authorization Form</li> <li>Revised Illustration (signature required if NAIC State)</li> </ul>	<ul> <li>Include any other rider specific forms</li> <li>Generate illustration with correct age, sex, rating and face amounts</li> <li>Values on the Change Form &amp; Revised Illustration must match</li> </ul>	
Address	No form is required as address changes can be submitted via Client Manager for straight through processing	Request must contain policy number(s)     Complete address	
Assignments	Assignment of Life Insurance Policy as Collateral	Fully completed and signed form by applicable parties	
Auto-Draft Bank Info.	Bank Draft Authorization Form	<ul> <li>Form must be signed by bank account owner and policy owner, if they are different</li> <li>If premiums are not paid current, submit a written consent that the client is aware and permits an immediate manual draft to bring the premiums current</li> <li>If policy is on Auto-Draft for both premium and loan payment, the withdrawals must be taken out of the same account</li> </ul>	
Beneficiary	Request for Name or Ownership or Beneficiary Change; must include     Full Name (given name and surname)     Relationship of proposed beneficiary     (s) to Insured	<ul> <li>Fully completed and signed form by applicable parties</li> <li>If the owner is a business/corporation, the signature of 1 officer (can't be the insured) is required along with his or her title.</li> </ul>	
Dividend Option	Life Policy Administration Disbursement Request Form	<ul> <li>Form must be signed by policy owner</li> <li>If there is an assignment, signature of assignee is required</li> </ul>	
Face Amount Decrease	L-AP-CHG-CONV-2018 Change Form (Sections A, B, and P (signature page)     Producer Certification	Request will not be reviewed/processed without a Producer Certification	
Face Amount Increase Note: Underwriting Required	L-AP-CHG-CONV-2018 Change Form (Sections A, B, G, H and P (signature page) Producer Certification Authorization Form Revised Illustration (signature required if NAIC State)	<ul> <li>Generate illustration with correct age, sex, rating and face amounts</li> <li>Values on the Change Form &amp; Revised Illustration must match</li> </ul>	

**NOTE**: Client's can also request changes for address, beneficiary, dividend option and payment frequency through the Client Website. The client Website also provides the opportunity to request for loan(s).



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Loan	Life Policy Administration and Disbursement Request Form	<ul> <li>Loan Requests \$50,000 and above require a fully completed and signed form by the applicable parties</li> <li>Loan Request under \$50,000 may be submitted via email and don't require a signature</li> <li>If loan proceeds are to be sent electronically to client's bank account, the account must be owned by the policy owner. Or, if requested to be sent to a Third Party Payor (TPP), the TPP must have already been approved for at least 30 days prior. A completed loan form is required regardless of amount requested if going electronically to a TPP.</li> </ul>
Name	<ul> <li>Request for Name or Ownership or Beneficiary Change</li> <li>If the form is not used, provide legal proof of name change (i.e. drivers license, marriage certificate, divorce decree or passport)</li> </ul>	Form must contain exact legal spelling of name     If submitting legal proof of name change, make sure it is legible
Owner	Request for Name or Ownership or Beneficiary Change; must include     Full name (given name and surname)     Social Security Number     Date of Birth	<ul> <li>Fully completed and signed form by applicable parties</li> <li>If the owner is a business/corporation, the signature of 1 officer (can't be the insured) is required along with his or her title</li> </ul>
Payment	Submit payments using one of the below methods:	<ul> <li>Check (fully completed and accurate)</li> <li>List policy number on check</li> <li>Money orders are only accepted on policies issued prior to August 14, 2004</li> <li>If check is from a 3<sup>rd</sup> party payor, submit Letter of Authorization</li> </ul>
Payment Mode	<ul> <li>Life Policy Administration and Disbursement Request Form</li> <li>If the form is not used, you must email or mail the request as noted on page 1</li> </ul>	Regular Monthly Billing is not available
Rate Improvement  Note: Underwriting Required	<ul> <li>L-AP-CHG-CONV-2018 Change Form (Sections A, B, G, H and P (signature page)</li> <li>Producer Certification</li> <li>Authorization Form</li> </ul>	If Producer Certification and Authorization Form are not returned, request will not be submitted for Underwriting review
Redates	If age is not changing, submit request via email If age is changing, request must include L-AP-CHG-CONV-2018 Change Form (Sections A, B, and P (signature page) Revised Illustration (signature required if NAIC State) Producer Certification	Generate illustration with correct age, sex, rating and face amounts     Values on the Change Form & Revised Illustration must match



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Requested Change	Complete Required Form (s)	Tips for Avoiding Not In Good Order (NIGOs)
Remove Rider	L-AP-CHG-CONV-2018 Change Form (Sections A, B, and P (signature page)     Producer Certification	<ul> <li>Generate illustration with correct age, sex, rating and face amounts</li> <li>Values on the Change Form &amp; Revised Illustration must match</li> </ul>
Surrender	Life Policy Cash Surrender Request Form	<ul> <li>Signature is required on page 1 and 3 (section 4 and section 7 of the form)</li> <li>If there is an assignment, need officer's signature and title</li> <li>If owned by a Company, an officer other than the insured must sign the form with their title. In addition, a copy of the Corporate Resolution is needed to provide proof the officer can transact business on behalf of the Company.</li> </ul>

