(Please contact your Plan Administrator	r to start payroll deduction.)	
Employer:	Billing control/account number:	
Section 5 – Cancellation, Surrender or Policy/Cer	tificate Change (also complete sec	tion 8 for surrender's only)
£ Cancel/surrender the policy(ies)/certificate(s) (This option will cance	l or cash surrender your policy(ies)/certificate(s).)	·
Cancel the following riders on the policy(ies)/certificate(s): (This option will cancel policy/certificate riders only.)	£ Dependent Rider (This will cancel coverage f dependents.) List date of birth of youngest deper (MM/DD/YYYY)	
£ Change Two-Parent to Individual £ Change Two-Parent to One-Pa	arent £ Change One-Parent to Individual	£ Spouse/Dependent Continuation
Provide name, date of birth (DOB) and Social Security number (SSN) for spouse	/dependent(s) continuation. If more space is needed	I, please provide the information in Section 9.
Name:	DOB:	SSN:
Name:	DOB:	SSN:
Colonial Life insurance products are underwritten by Colonial Life $\&$ A (s2) 0 0 m-1.106 -1.01 $^\circ$	1 -1.664 -2.284 -1.664 -3.791 c-1.664 -5.196 -1.168 -6.	41 -0.192 -7.393 c0.787 -8.372 1.982 -8.878 3.365

Please check only the boxes that apply to the service you are requesting.

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