

Please make the following change(s) to Policy No.: <ReferenceID>

Name of Insured: <InsuredName>

Phone: \_\_\_\_\_

CHANGE	INFORMATION TO COMPLETE
<b>1. ADDRESS CHANGE</b>	Change the address for Premium Notices to: (Please Print) E-Mail Address: _____ _____ Number and Street City State Zip
<b>2. BENEFICIARY</b>	<p><b>FOR BENEFICIARY CHANGES, SEE PAGE 2 OF FORM</b></p>
<b>3. NAME</b>	I, _____ was married _____ (Date) to _____ (Spouse's Name) and my name should now appear as _____ . If changing name for reasons other than marriage, include copy of Court Order.
<b>4. OWNER</b>	I hereby request that ownership of this policy be changed to _____ whose relationship to the Insured is _____ and that all benefits, rights and privileges incident to Ownership be vested in the new owner. <b>New Owner's:</b> Signature _____ Phone #: _____ Social Security Number _____ Date of Birth: _____ Address (Please Print) _____ Number and Street City State Zip
<b>5. CONTINGENT OWNER</b>	I hereby name _____ contingent owner of this policy. Social Security Number _____ Date of Birth: _____ Address (Please Print) _____ Number and Street City State Zip
<b>6. NON-FORFEITURE</b>	Surrender Value be applied to purchase: <input type="checkbox"/> Extended Term Insurance; <input type="checkbox"/> Reduced Paid-Up Insurance; in accordance with the Guaranteed Value Provisions of the Policy. Effective _____ with a face amount of _____.
<b>7. PREMIUM MODE</b>	Change the mode of premium payment to: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Non-Bill Status (UL Policies Only)
<b>8. DIVIDEND OPTION</b>	Change the dividend option to: <input type="checkbox"/> Cash <input type="checkbox"/> Reduce Premium <input type="checkbox"/> Deposit at Interest <input type="checkbox"/> Purchase Paid Up Additional Insurance <input type="checkbox"/> Reduce Loan
<b>9. OTHER</b>	Indicate here any change desired not listed above.

I direct that any endorsement or change of the policy as requested above be effected by return of a copy of this request with the Company's acknowledgement. I certify that I am not now disabled, and that no proceedings in bankruptcy are pending.

Signature of Policy Owner: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ Joint Owner: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_

Witness:(Notary Official): \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ **Home Office Use Only:** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_

Stamp or Seal Required

Please make the following change(s) to Policy No.: <ReferenceID>

Name of Insured: <InsuredName>

Phone: \_\_\_\_\_

<b>BENEFICIARY</b>	<p>I hereby revoke all prior designations of beneficiary and optional modes of settlement under this policy.</p> <p>Change the beneficiary to: _____</p> <p>Beneficiary Social Security Number: _____ Beneficiary Date of Birth: _____</p> <p>Beneficiary's relationship to the Insured is: _____</p> <p>Change the Contingent Beneficiary to: _____</p> <p>Contingent Beneficiary Social Security Number: _____</p> <p>Contingent Beneficiary Date of Birth: _____</p> <p>Whose relationship to the Insured is: _____</p>
<b>AFFIRMATION</b>	<p>I hereby affirm that to the best of my knowledge and belief, the following statements are true and correct:</p> <ul style="list-style-type: none"> <li>▪ Premiums for this policy were funded by personal assets, or any financing agreement was secured by personal assets and disclosed to the Company.</li> <li>▪ The policy owner made no agreement to settle the policy before or during the first two years after policy issuance.</li> <li>▪ The policy owner responded truthfully to the Company's inquiry at application regarding whether a life expectancy valuation was obtained and a copy of any evaluation was provided to the Company.</li> <li>▪ Any financial arrangement, trust or other device that conceals ownership of the policy was disclosed to the Company prior to policy issuance.</li> </ul> <p style="text-align: center;"><b>YOUR SIGNATURE BELOW AFFIRMS THAT THESE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AND BELIEF.</b></p>

I direct that any endorsement or change of the policy as requested above be effected by return of a copy of this request with the Company's acknowledgement. I certify that I am not now disabled, and that no proceedings in bankruptcy are pending.

Signature of Policy Owner: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ Joint Owner: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_

Witness:(Notary Official): \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ **Home Office Use Only:** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_

Stamp or Seal Required