

### REQUEST FOR POLICY CHANGE

<b>POLICY NUMBER:</b>	<b>AGENT:</b>		
<b>POLICY OWNER:</b>	<b>INSURED:</b>		
<b>POLICY OWNER ADDRESS:</b>	<b>HEIGHT:</b>	<b>WEIGHT:</b>	<b>DOB:</b>
	<b>SOCIAL SECURITY NO:</b>		
	<b>HOME PHONE:</b>		
	<b>WORK PHONE:</b>		

#### SELECT THE DESIRED POLICY CHANGE TRANSACTION BELOW:

*In order to prevent any delay in processing, please complete all required forms in their entirety, including all doctor(s) information, complete address(es) and phone number(s).*

*Reinstatement forms can be found at [www.usfli.com/policy owner service forms/reinstatement forms](http://www.usfli.com/policy_owner_service_forms/reinstatement_forms).*

1. Change policy stated amount from \_\_\_\_\_ to \_\_\_\_\_ .  
*(A completed reinstatement form is required for increase requests.)*
2. Add Rider/Benefit:  Child  Additional Insured Person  Waiver  Accidental Death  
*(A completed reinstatement form is required for additions of any riders or waiver benefits.)*
3. Cancel Rider/Benefit:  Child  Additional Insured Person  Waiver  Accidental Death
4. Remove or reduce policy rating.  
*(A completed reinstatement form is required for rate or smoker class changes. For smoker class changes, please include a completed tobacco questionnaire that is available on our website-[www.usfli.com/forms&software/questionnaires](http://www.usfli.com/forms&software/questionnaires).)*
5. Change Death Benefit Option to:  Option A  Option B
6. Term Re-Entry. *(A completed reinstatement form is required for Term Re-Entry requests.)*

#### \*COMMUNITY PROPERTY STATES REQUIRE SIGNATURES OF BOTH SPOUSES\*

**NOTICE** - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. The above statements are complete and true to the best of my/our knowledge and belief.

Dated \_\_\_\_\_ at \_\_\_\_\_  
City State

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Owner if other than Insured

\_\_\_\_\_  
Signature and Title of Assignee

\_\_\_\_\_  
Signature of Witness

<p>FOR OFFICE USE ONLY</p> <p>REQUEST APPROVED:</p> <p>DATE _____</p> <p>BY: _____</p> <p>U.S. FINANCIAL LIFE INSURANCE COMPANY</p>
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