

Please make the following change(s) to Policy No.: _____

Name of Insured: _____

Phone: _____

CHANGE	INFORMATION TO COMPLETE
1. ADDRESS CHANGE	Change the address for Premium Notices to: (Please Print) _____ E-Mail Address: _____ _____ Number and Street _____ City _____ State _____ Zip _____
2. NAME	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.
3. OWNER	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. New Owner's: Signature _____ Phone #: _____ Social Security Number _____ Date of Birth: _____ Address (Please Print) _____ Number and Street _____ City _____ State _____ Zip _____
4. CONTINGENT OWNER	I hereby name _____ contingent owner of this policy. Social Security Number _____ Date of Birth: _____ Address (Please Print) _____ Number and Street _____ City _____ State _____ Zip _____
5. NON-FORFEITURE	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 _____.
6. PREMIUM MODE	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)
7. DIVIDEND OPTION	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
8. OTHER	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: _____ /_____/_____

*Signature of spouse if community property state
 *Community Property States AZ,CA,ID,LA,NV,NM,TX,WA,WI

Witness:(Notary Official): _____ /_____/_____ Home Office Use Only: _____ /_____/_____

Stamp or Seal Required