

Policy Change Form

Insured: _____ Policy #: _____

Address: _____

SSN _____ Phone #: _____

PLEASE PRINT REQUEST CLEARLY

CHANGE OF BENEFICIARY

All previous beneficiary designations and settlement option elections are hereby revoked. The following are designated as beneficiaries under this policy. If additional space needed, please submit on separate sheet of paper.

NOTE: The right to change beneficiary(ies) is reserved to the policy owner, unless otherwise indicated.

Primary Beneficiary(ies)

Name: _____

Address: _____

Date of Birth: _____

Relationship to Insured: _____

SSN: _____

Contingent Beneficiary(ies)

Name: _____

Address: _____

Date of Birth: _____

Relationship to Insured: _____

SSN: _____

AFFIRMATION

I hereby affirm to the best of my knowledge and belief, the following statements are true and correct:

- Premiums for this policy were funded by personal assets, or any financing agreement was secured by personal assets and disclosed to the Company.
- The policy owner made no agreement to settle the policy before the first two years after policy issuance.
- 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.
- Any financial arrangement, trust or other device that conceals ownership of the policy was disclosed to the Company prior to issuance.

SIGNATURES

I represent that the statement and answers given in this request form are true, complete and correctly recorded to the best of my knowledge and belief. I direct and endorsement or change of the policy as requested above be effected by return of a copy of this request with the Company's acknowledgement.

Signed at (City and State): _____

Policy owner or Assignee: _____ Date: _____

Witness (Over 18 years of age) _____ Date: _____

Agent Name: _____ Agent #: _____

CHANGE OF OWNER

Transfer Ownership to:

Individual Corporation Partnership
 Trust (Include name of trustee and date of trust)
 Other (specify) _____

New Name of Owner and Complete Address:

SSN: _____

New Owner Signature(required):

CHANGE OF NAME

Change name of:

Insured Owner Beneficiary Payor

Print New Name in Full:

Reason Changed:
 Marriage Divorce Court Order
 Other (specify) _____
(If reason other than marriage or spelling correction, attach copy of legal document.)

RELEASE OF ASSIGNMENT

For value received, the undersigned assignee releases all rights, title and interest in this policy

NON-FORFETURE

Surrender Value to be applied to purchase:

Extended Term Insurance Reduced Paid Up Insurance

In Accordance with the Guaranteed Value Provision of the Policy.

Effective _____ with a face amount of \$ _____

COVERAGE CHANGE

Delete Change the attached policy as indicated below

Waiver of Premium Rider Accidental Death Benefit Rider Annual Renewable Term Rider

Child Rider Other (specify) _____

NOTE: if adding coverage, a separate application must be completed.

DUPLICATE POLICY/CERTIFICATE OF INSURANCE

My policy has been lost or destroyed. Please provide me with a copy as follows:

Full Policy (Cost \$10.00) Certificate of Insurance (Cost \$4.00)

There is no charge for the 1st request for a duplicate, however, 2nd and subsequent request will not be processed unless payment is received.

SIGNATURES

I represent that the statement and answers given in this request form are true, complete and correctly recorded to the best of my knowledge and belief. I direct and endorsement or change of the policy as requested above be effected by return of a copy of this request with the Company's acknowledgement.

Signed at (City and State): _____

Policy owner or Assignee: _____ Date: _____

Witness (Over 18 years of age) _____ Date: _____

Agent Name: _____ Agent #: _____