



10611

POLICY CHANGE REQUEST
Return to Policy Change

(Non-Underwritten)

Policy/Certificate Number:			Proposed Insured Name:		
Date of Birth:	Sex:	Age:	Please Check One: <input type="checkbox"/> Smoker/Tobacco <input type="checkbox"/> Non-Smoker/Non-Tobacco		
Address of Insured: (Street Address, City, State, Zip Code):			Social Security Number – Insured:		
Name and Address of New Owner (Street Address, City, State, Zip Code):			Social Security Number – New Owner/ Relationship to Insured:		
Billing Address: (Street, City, State, Zip Code)					
Secondary Address: (Street, City, State, Zip Code)					
Home Telephone Number:			Business Telephone Number:		
Primary Beneficiary: (only for Conversions) - SS#/Tax ID Number:			Relationship to Insured:	Percent* %	
Contingent Beneficiary: (only for Conversions) - SS#/Tax ID Number:			Relationship to Insured:	Percent* %	

* If percentage is not shown, shares will be divided equally among beneficiaries.

- Conversion Plan _____ (Complete and submit all other state required forms and illustrations with this request, *for example*, Accelerated Benefit Rider, Form 7523.) Death Benefit Option Level Increasing
 Face Amount: \$ _____ Commission Option A B Balance of Term Remain In Effect Yes No
 Remove Rider _____ (please indicate)
 Remove Supplemental Benefit _____ (please indicate)
 Reduce Face Amount _____
 RPU (Reduced Paid Up) Retain Loan Payoff Loan
 ETI (Extended Term Insurance)

 Premium Payment Mode: Monthly Quarterly Semi-Annual Annual \$ _____ Premium Amount

For EFT (Electronic Fund Transfer) Only:

 Premium Guarantee Rider

 Draw Date: _____ (1st-28th) Month Day

 Account Type: Checking* Savings*

Authorized Signature(s) of Account Holders: _____

Financial Institution – Name/Address: _____

Routing/Transit Number: _____ Account Number: _____

*Please enclose a Void check for checking accounts and complete all information for savings account.

Signed at: City, State, Zip Code			
Signature of Proposed Insured:	Date:	Signature of Current Owner:	Date:
Signature of New Owner:		Date:	
Agent Signature:	Agent Code:	Agent Name:	