



1. General Information (please print - complete for all requests)

Owner's Information:

Name: _____ Policy Number: _____
Street Address: _____
City: _____ State: _____ Zip: _____
SSN: _____ Phone: _____ Email: _____

Insured's Information: Same as Owner

Name: _____

Joint Owner's Information (if applicable):

Name: _____ SSN: _____

2. Address Change

Policy Owner:

Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____
County: _____

Primary / Joint / Additional Insured:

Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____
County: _____

Premium Payor:

Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____
County: _____

3. Name Changes (this is not an ownership designation form)

Change the name of: Primary Insured Payor Owner Beneficiary Other (e.g. Joint Insured, Additional Insured)

From former name: _____

To present name: _____

Reason for change: Marriage Correction Divorce Court Action Adoption

NOTE: Please send a copy (no originals) of the information supporting this request for change. (i.e. marriage certificate, divorce decree, adoption paperwork, new social security card, court order)

4. Change Dividend Option

FUTURE dividends are to be applied as follows:

- To accumulate as interest
- To reduce the Premium
- To be applied to reduce the loan principal
- To purchase Paid-Up-Additional Insurance
- Annual Premium to be paid from dividend value each year
- Other (be specific): _____

NOTE: Your current dividend balance will remain unchanged.

5. Change Billing Mode

Frequency:

- Annual Semiannual Quarterly **NOTE:** Monthly is not an option.

You will receive a billing notice within 31 days of the due date.

NOTE: Changing your frequency may require an adjustment payment.

6. Change Planned Periodic Premium

- Change Planned Periodic Payment to: \$_____ (Universal Life only)

If you're considering changing your payment frequency or amount, please contact your insurance professional to request an in-force illustration. These types of changes can have significant impact on your contract value.

7. Signature(s) (required)

Owner:

Signature: _____ Date: _____

Joint Owner (if applicable):

Signature: _____ Date: _____