



CLIENT SERVICES
DEPARTMENT

Dear Policyholder:

Please complete the appropriate section and mail or fax the completed form to the address or fax number noted above. If you have any question please call our Client Services Department.

As owner of the policy(ies) noted below, I authorize you to make the following changes as indicated:

POLICY #: _____ INSURED: _____

DIVIDEND OPTION CHANGE

Accumulate At Interest
Apply To Loan
In Cash

Purchase Paid-Up Additions
One-Year Term
Reduce Premium (Not available with salary deduction, coupon, government allotment or pre-authorized check billing)

Comments: _____

NON-FORFEITURE OPTION CHANGE*

Automatic Premium Loan (APL) Only
Extended Term Only
Extended Term With APL

Reduced Paid-Up Only
Reduced Paid-Up with APL

*This form should only be used to change your nonforfeiture option. Use Form 144 to convert your policy to an Extended Term or Reduced Paid-up contract.

Comments: _____

Please complete this section with all appropriate signatures and information. Missing data may delay processing.

DATE

OWNER SIGNATURE

AGENT/WITNESS SIGNATURE

OWNER SOCIAL SECURITY NUMBER

OWNER ADDRESS

(_____)_____
TELEPHONE NUMBER