



CLIENT SERVICES DEPARTMENT

Name: _____

Address: _____

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 questions, 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:** _____

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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 Reduce Paid-Up contract.

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

DATE _____

OWNER NAME (PLEASE PRINT) _____

AGENT OR WITNESS SIGNATURE _____

OWNER SIGNATURE _____

XX / XXX /
OWNER SOCIAL SECURITY NUMBER *(last 4 digits)*

() -
TELEPHONE NUMBER _____

ADDRESS _____