



CLIENT SERVICES DEPARTMENT

Dear Policyholder:

We have received your request for policy change. **Please complete the appropriate section and mail or fax 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:

☐ **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 non-forfeiture 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 NAME

AGENT/WITNESS SIGNATURE

OWNER SIGNATURE

() _____ -
TELEPHONE NUMBER

XXX / XX / _____
OWNER SOCIAL SECURITY NUMBER

RESIDENTIAL ADDRESS