



Mail to: **Insurance Operations**

PO Box 281709

Nashville TN 37228

Or fax to: (844) 290-2546

**PLEASE PRINT**

**Policy Number:** \_\_\_\_\_

**Insured Name:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM IS PROVIDED BY THE APPLICANT.**

**1. NAME CHANGE**

Insured

Owner

From: \_\_\_\_\_

To: \_\_\_\_\_

**2. CHANGE OF BENEFICIARY\***

Primary: \_\_\_\_\_

Contingent: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

NOTE: Your spouse's signature is required in AZ, CA, ID, LA, NV, NM, TX, WI and WA if the beneficiary is changed to someone other than your spouse. Unless otherwise stated, the policy's proceeds will be paid in equal shares to the living beneficiaries. If all beneficiaries are deceased, the proceeds will be paid to the Insured's estate.

**3. CHANGE OF OWNERSHIP\***

Primary: \_\_\_\_\_

Contingent: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

**4. ELECTION OF NONFORFEITURE OPTION**

Change option to:  Reduced Paid Up

Extended Term Insurance

**5. CHANGE OF DIVIDEND ELECTION**

Apply as premiums

Paid in cash

Purchase additional insurance

Apply to policy loan balance

Accumulate at interest

**6. CHANGE OF BILLING MODE**

Annual

Semi-Annual

Quarterly

Monthly

