

1. CONTRACT INFORMATION

Contract/Policy Number		Name of Annuitant/Insured	
Name of Contract/Policy Owner		Social Security Number - -	Telephone Number
Street Address (REQUIRED if mailing address is a P.O. Box)			
City		State	Zip
Name of Joint Owner, if applicable		Social Security Number - -	

2. REQUEST TO MAKE POLICY CHANGE - Please check below the change(s) you would like to make to your life insurance policy

- Change Specified Amount from Option 1 to Option 2** As stated in the policy, this change will cause the Specified Amount to decrease by the amount of the policy account value. *This option may require evidence of insurability.*
- Change Specified Amount from Option 2 to Option 1** As stated in the policy, this change will cause the Specified Amount to increase by the amount of the policy account value.
- Decrease Specified Amount** to \$_____ (subject to policy minimum issue requirements). The decrease will be effective on the next monthly anniversary after receipt of this form in good order. PLEASE NOTE: Coverage must be paid current before this request can be processed. If the policy is in the grace period, sufficient premium based on the current specified amount must be paid to bring the coverage current.
- Increase Specified Amount** to \$_____ (subject to policy maximum limits and evidence of the insurability of the insured satisfactory to the Company). The increase will be effective on the next monthly anniversary after receipt of all requirements in good order, and underwriting approval.
- Cancel Accidental Death Benefit**
- Cancel Waiver of Monthly Deduction Benefit**
- Cancel Family Insurance Rider**
- Cancel Children's Insurance Rider**
- Cancel Guaranteed Insurance Rider**
- Other** _____

Request for Policy Change Flexible Premium Universal Life



3. **ACKNOWLEDGEMENT/SIGNATURE(S)**

I/We submit this request for the proposed changes with a full and complete understanding of each and every requested change. I/We hereby request that such change(s) be made.

Signature of Owner X	Date (mm/dd/yyyy) / /
Signature of Joint Owner (if applicable) X	Date (mm/dd/yyyy) / /
Signature of Insured X	Date (mm/dd/yyyy) / /
Signature of Assignee or Irrevocable Beneficiary, if applicable X	Date (mm/dd/yyyy) / /