

Policy # _____

Insured Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

1. EARLY PAY-UP/NONFORFEITURE REQUEST

- Early Pay-Up Request Amount Enclosed \$ _____
(Pay-up amount is available from your Customer Service Team. This amount may exceed the funeral price.)
 - Cash Surrender* **(Return Policy with this Form)**
 - Reduced Paid-Up Insurance*
 - Extended Term Insurance*
- *(For request of nonforfeiture option, it is understood that any indebtedness against the policy will be deducted.)

2. POLICY CHANGE

PLAN

FACE AMOUNT

PREARRANGEMENT AMOUNT

Change to: _____

Change(s) will be made as of original date and age. I hereby surrender all my right, title, and interest in the policy as written prior to the change herein requested.

NOTE: Any cash value or premium credit resulting from this change will be applied to future premiums or refunded to the policy owner.

3. PREARRANGEMENT CHANGE

If applicable, please specify any changes to the original Prearranged Funeral Agreement OR attach a new agreement. Signature of Funeral Home Representative is also required.

REQUIRED: Social Security Number or Tax I.D. number of owner _____/_____/_____

Check here if you are subject to backup withholding (Section 3406[a][1][c]IRC).

Under penalties of perjury, I certify that the information provided on this form is true, correct, and complete.

X _____
(Funeral Home Representative, if required) (Date)

X _____
(Signature of Policy Owner) (Date)

California Residents Only:

Please see back of form for required disclosure.

X _____
(Witness) (Date)

Send completed correspondence to: _____
(Name)

Check here if this is a _____
Permanent address change. (Address)

(Telephone)