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ADD-	ON	RID	ER

Policy #	_insured
ADDITION OF SINGLE PREMIUM	I RIDER
Premium Submitted (\$100 minimum) \$	
Agent Name	Agent Number
PREARRANGEMENT CHANGE	
total of all benefits on this policy exce	ral agreement and the add-on rider premium exceeds \$2,500 or the eds \$25,000, please indicate merchandise/services to be provided t. You may also attach new prearranged funeral agreement.
Casket and/or Outer Burial Containe	r Upgrade* 🔲 Cemetery Merchandise 🗌 Flowers 🔲 Honorarium
🗌 Misc Cash Advances 🗌 Underfunded	Contract 🗌 Goods/Services to be Selected at a Later Date 🗌 Other*
* Describe Changes:	

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I understand that this add-on rider benefit will be administered in accordance with the terms of the above listed policy and will be subject to any assignment or associated funeral contract. If this policy is funding a prearranged funeral contract and the amount of the requested add-on rider exceeds \$2,500 or the total of all benefits on this policy exceeds \$25,000, I agree to complete the *Prearrangement Change* section on this form. Homesteaders reserves the right to request additional documentation to support the purchase of any add-on rider. I further agree that Homesteaders is not responsible for the delivery of funeral merchandise or services for which the benefit of this rider may be intended to purchase before or after the death of the insured.

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Signature of Policy Owner Required* Date

* If anyone other than the policy owner signs, a copy of Power of Attorney or Guardianship papers must be submitted with form or already on file with Homesteaders.

** If policy benefits have been assigned to funeral home, a representative of the assigned funeral home must also sign this form.

California Residents Only: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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