

**ADD-ON RIDER**



Policy # \_\_\_\_\_ Insured \_\_\_\_\_  
 Owner's Name \_\_\_\_\_  
 Owner's Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Owner's Phone \_\_\_\_\_  
 Check here if this is a permanent address change

**ADDITION OF SINGLE PREMIUM RIDER**

Current Age of Insured \_\_\_\_\_ \*Premium Submitted \$ \_\_\_\_\_  
 \*\*Agent Name \_\_\_\_\_ \*\*Agent Number \_\_\_\_\_  
 \*\$100 Minimum Premium Required  
 \*\*If Different than Original Agent of Record

**PREARRANGEMENT CHANGE**

If policy benefits are assigned to funeral home, please indicate merchandise/services to be provided in exchange for add-on rider death benefit. You may also attach new prearranged funeral agreement in lieu of completing this section.

- Casket and/or Outer Burial Container Upgrade\*  Cemetery Merchandise  Flowers  Honorarium  
 Misc Cash Advances  Underfunded Contract  Goods/Services to be Selected at a Later Date  Other\*

\* Describe Changes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

X \_\_\_\_\_  
 Signature of Policy Owner Required\* Date

X \_\_\_\_\_  
 Signature of Funeral Home Representative\*\* 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 company.

\*\* 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.