



Policy # _____

Insured Name _____

Address _____

City _____ State _____ Zip _____

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.