



APPLICATION FOR CHANGE

NAME OF INSURED _____

POLICY NUMBER(S) _____

(1) CHANGE OF AGE

Issued at age _____ Date of Birth _____

Correct age at issue _____ Date of Birth _____

(2) CHANGE IN PLAN (FACE REDUCTION) AMOUNT

From plan _____ Amount _____ Premium _____

To plan _____ Amount _____ Premium _____

Converted from plan _____ to plan _____

(3) I HEREBY MAKE APPLICATION FOR THE

Cash Surrender Value Maturity Value Pure Endowment

Paid-Up Insurance Value Extended Insurance Value

I agree that these changes shall be an amendment to my original application and further agree that the changes will not be effective until this application is approved by the Company. In the event of request for change in plan or amount, I hereby surrender all my right, title and interest in the policy as written prior to the change herein requested. In the event of request for Cash Surrender of Maturity Value, it is understood that any indebtedness against the policy will be deducted and the policy will be surrendered to the Company for cancellation.

Dated at _____ this _____ day of _____ 20_____

Witness

Signature
(on ages under 19 next Birthday, the Parent or Guardian must answer and sign for the Insured)

Witness

Other signature if required

Agent _____ District _____ Debit _____