Conversion Application

Convert existing term policies to a new Value-Added Whole Life Policy

Armed Forces Mutual™

1. OWNER

Name *(Last, First MI)*	Social Security Number	*For office use (Customer Number)*
		Phone (☐ *Cell* ☐ *Home* ☐ *Work*)
Mailing Address		Email (☐ *Personal* ☐ *Work*)

2. INSURANCE COVERAGE

Insured Name *(Last, First MI)*	Policy Number*(s)* To Convert	
Policy *(select only ONE BOX)* ☐ Pay for life ☐ Single payment ☐ Pay for _____ years *(choose 30, 20 or 7 years)*	Amount of Term To Retain* $	Amount To Convert *(min $10,000)* $
	Nicotine Used In Last 12 Months ☐ No ☐ Yes	Monthly Premium $

** Minimum $50,000. If amount retained is left blank, term policy will be resigned.*

3. PAYMENT *(Applications cannot be processed without a deposit.)*

Payment Type **Required Deposit**

- ☐ Military allotment monthly ..... 2 months
- ☐ Checking account monthly *(EZ-Pay)**.. 1 month

***Attach blank** check **marked "VOID" - not deposit slip.**

- ☐ Credit card monthly ..... 1 month
- ☐ Bill quarterly ..... 3 months
- ☐ Bill semiannually ..... 6 months
- ☐ Bill annually ..... 12 months

Account Holder/Payer Name

Account Holder Mailing Address

Bank Account Number OR Credit Card Number

Bank ABA Routing Number OR Credit Card Expiration Date

Policy Delivery Preference: ☐ Electronic ☐ Paper

4. BENEFICIARY SELECTION

Upon the death of the insured, pay the benefit in equal shares to the surviving primary beneficiaries, or to the surviving contingents if all primaries are deceased. If no beneficiaries are living, pay the benefit to (or to the estate of) the owner.

Name *(Last, First MI)*	**SSN** *(or TIN)*	**Relationship**	**Birth Date** *(mm/dd/yyyy)*
Primary*(ies)*			
Contingent*(s)* ☐ All children of the insured *(born or adopted)*			

5. AUTHORIZATION

I hereby request that Armed Forces Mutual convert the portion of the term life insurance policies indicated above to Value-Added Whole Life Insurance. I authorize any amount of the above term life insurance that I am not retaining to be resigned. I understand that converted coverage cannot begin until the deposit is received and this application is approved. I understand that if the converted policy has not passed the two-year contestability period, any remaining period will be transferred to the new policy.

Insured Signature	Date Signed *(mm/dd/yyyy)*
Owner Signature *(if not the Insured)*	Date Signed *(mm/dd/yyyy)*