

New Policy Change (Term)



Change to a new term life insurance policy within 60 days of issue

| 1. POLICY | |
|--|---|
| Insured Name (<i>Last, First MI</i>) | Policy Number |
| Current Policy Type <input type="checkbox"/> Level Term I <input type="checkbox"/> Level Term II: _____ years <input type="checkbox"/> Five-Year Renewable Term | Policy Issue Date |
| New Policy Type (<i>if no change leave blank</i>) <input type="checkbox"/> Level Term I <input type="checkbox"/> Level Term II: _____ years <input type="checkbox"/> Five-Year Renewable Term | Current Death Benefit \$ |
| | New Death Benefit (<i>if no change leave blank</i>) \$ |

| 2. INSURED AUTHORIZATION | |
|---|--|
| I certify that since the date of issue of this policy, neither 60 days has passed nor have I had a change in health, been hospitalized for any reason nor have I seen a doctor for other than a minor illness. I understand this policy change will be made as of the issue date of the policy and I will be responsible for any increase in premiums due from that date. | |
| Insured Signature | Date Signed (<i>mm/dd/yyyy</i>) / / |

| 3. OWNER AUTHORIZATION (<i>complete <u>only</u> if Owner is not the Insured</i>) | |
|--|--|
| Owner Name (<i>Last, First MI</i>) | Owner SSN/TIN |
| Owner Signature | Date Signed (<i>mm/dd/yyyy</i>) / / |