



An AXA Financial Company

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P.O. Box 4763
Syracuse, New York 13221-4763

REQUEST FOR POLICY CHANGE

POLICY NUMBER:
POLICY OWNER:
POLICY OWNER'S ADDRESS:

AGENT:
INSURED:
HEIGHT: WEIGHT:
SOCIAL SECURITY NO:
HOME PHONE: ( )
WORK PHONE: ( )

SELECT THE DESIRED POLICY CHANGE TRANSACTION BELOW:

In order to prevent delay in processing, please complete all requested information in their entirety, including all doctor(s) information, complete address(es) and phone number(s).

Reinstatement forms can be found at www.USFLI.com/policy owner service forms/reinstatement forms.

- 1. Change policy stated amount from to. (A completed reinstatement form is required for increase request.)
2. Cancel Rider/Benefit: Child Additional Insured Person Waiver Accidental Death
3. Change Death Benefit Option to: Option A Option B
4. Term Re-Entry. (A completed reinstatement form is required for Term Re-Entry requests.)

THE FOLLOWING ARE ALLOWED FOR RIGHT LIFE AND RIGHT TERM POLICIES ONLY

- 5. Remove or reduce policy rating. (A completed reinstatement form is required for rate or smoker class changes. For smoker class changes, please include a completed tobacco questionnaire that is available on our website www.USFLI.com/forms & software/questionnaires.)

NOTICE - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. The above statements are complete and true to the best of my/our knowledge and belief.

Dated: at City State

Signature of Insured
Signature and Title of Assignee
Signature of Witness

FOR OFFICE USE ONLY
REQUEST APPROVED ON:
BY:
U.S. FINANCIAL LIFE INSURANCE COMPANY