



An AXA Financial Company

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

REQUEST FOR TERM POLICY CONVERSION

Insured	Date of Birth	Sex	Marital Status	Social Security No.
Address				

*Provide Term Policy #

"Make sure to complete if not converting the full face amount"

*Term Policy/Rider Converted		If Partial Conversion, Balance of Term Coverage is to be:		
		_____ Cancelled or _____ Retained		
*Plan of Insurance	Face Amount	Death Benefit Option	Premium Mode	Premium Amount

1. FIRST BENEFICIARY(IES) if living, if not Please type or print full name and indicate the relationship to the insured person	Are any named beneficiaries a Viatical or Life Settlement Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	_____ (Relationship(s))	_____ (Names of First Beneficiary(ies))	_____ (Date(s) of Birth)
	_____ Beneficiary(ies) Address		_____ Beneficiary(ies) SS#

2. SECOND BENEFICIARY(IES) if living, if not Please type or print full name and indicate the relationship to the insured person	Are any named beneficiaries a Viatical or Life Settlement Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	_____ (Relationship(s))	_____ (Names of First Beneficiary(ies))	_____ (Date(s) of Birth)
	_____ Beneficiary(ies) Address		_____ Beneficiary(ies) SS#

FINAL BENEFICIARY	If no beneficiary named above is living at the Insured's death, the beneficiary is the Insured's executors or administrators, unless checked: <input type="checkbox"/> The executors or administrators of the survivor or beneficiaries (the last designated beneficiary to die)
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Dated at _____ City _____ State _____ X _____ Signature of Insured

Date _____ X _____ Signature of Witness X _____ Signature of Owner (if different than Insured)

X _____ Signature of Agent _____ Agent Number

*These areas must be complete for proper production credit.

FOR OFFICE USE ONLY: TERM POLICY: NEW POLICY: CONVERSION ENDORSED: Date: _____ BY: _____ U.S. FINANCIAL LIFE INS. CO.
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