

REQUEST FOR POLICY CHANGE

POLICY NUMBER:	AGENT:		
POLICY OWNER:	INSURED:		
POLICY OWNER ADDRESS:	HEIGHT:	WEIGHT:	DOB:
	SOCIAL SECURITY NO:		
	HOME PHONE:		
	WORK PHONE:		

SELECT THE DESIRED POLICY CHANGE TRANSACTION BELOW:

In order to prevent any delay in processing, please complete all required forms 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](http://www.usfli.com/policy_owner_service_forms/reinstatement_forms).

- 1. Change policy stated amount from _____ to _____ .
(A completed reinstatement form is required for increase requests.)
- 2. Add Rider/Benefit: Child Additonal Insured Person Waiver Accidental Death
(A completed reinstatement form is required for additions of any riders or waiver benefits.)
- 3. Cancel Rider/Benefit: Child Additonal Insured Person Waiver Accidental Death
- 4. 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.)
- 5. Change Death Benefit Option to: Option A Option B
- 6. Term Re-Entry. *(A completed reinstatement form is required for Term Re-Entry requests.)*

COMMUNITY PROPERTY STATES REQUIRE SIGNATURES OF BOTH SPOUSES

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 of Owner if other than Insured

Signature and Title of Assignee

Signature of Witness

<p>FOR OFFICE USE ONLY</p> <p>REQUEST APPROVED: DATE _____</p> <p>BY: _____</p> <p style="text-align: center;">U.S. FINANCIAL LIFE INSURANCE COMPANY</p>
