

New Policy Change (Term)

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

Please PRINT clearly in blue or black ink.

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

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 (mm/dd/yyyy) / /

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

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