American Heritage Life Insurance Company

Request for CTR Conversion Option

Proposed Insured	☐ Emp ☐ Spouse ☐ Child ☐ Other	☐ M ☐ F	Age	Date of Birth	Social Security Number
Home Address	City, State and Zip				Home Phone Number
Payor or Owner (if other than Proposed Insured)	☐ Payor ☐ Owner	Social Security # or Tax I.D. # (Owner or Payor)			
Owner's Address (if other than Proposed Insured)					
Primary Beneficiary – Full Name Age Relationship	Contingent Beneficiary – Full Name Age Relationship				
Universal Life Plan ☐ UL20 ☐ UL21	☐ Smoker ☐ Non-Smoker	Face Amount	Death Benefit Option ☐ 1 ☐ 2	Mode Premium $	
Requested Issue Date	Existing Life Policy No.	Agent Number	Percentage Credit %		

Billing Method

☐ Payroll Deduction – Case #: _____

Premiums/Billing Mode: ☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Weekly ☐ Other: _____

☐ Bank Draft - Name of Financial Institution: _____

Branch Address: _____

Name on Bank Account: _____

Bank Account #: _____ ☐ Checking ☐ Savings

Routing #: _____

Premiums/Billing Mode: ☐ Monthly ☐ Annually

Please choose the day of the month for the deductions: _____ (Choose any day 1 – 28)

Authorization: I authorize American Heritage Life Insurance Company ("AHL") to initiate debit entries electronically to my account monthly in the amounts indicated above and I authorize the financial institution named above to debit same to such account. This authorization remains effective and in full force until AHL and the financial institution have received written notification from me of its termination in such time and in such manner to afford AHL and the financial institution a reasonable opportunity to act on it.

Account Holder's Signature:_____ Date: _____

Signed at:

City/State: _____ Date Signed: _____

Signature of Proposed Insured: _____

Signature of Owner, if other than Insured: _____

Signature of Agent or Witness: _____ Print Agent's Name: _____

ABJCTR1-1 (10/14)

American Heritage Life Insurance Company
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