



**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
HOME OFFICE:  
1776 AMERICAN HERITAGE LIFE DRIVE  
JACKSONVILLE, FLORIDA 32224-6687  
(904) 992-1776

**ADDITIONAL ADDRESSEE DESIGNATION / CHANGE FORM**

\_\_\_\_\_  
Insured's /Proposed Insured's Name

\_\_\_\_\_  
Social Security Number

**Protection against unintended lapse:** I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of my coverage for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

Initial Designation

I elect to designate an additional addressee to receive such notice. (Please provide full name, address and phone number below.)

I elect NOT to designate any person to receive such notice.

I understand that I have the right to designate, change or revoke an additional addressee at any time, with timely notice to the Company.

\_\_\_\_\_  
Policy Number

Additional Designation

Change to Existing Designation

Revocation of Existing Designation

\_\_\_\_\_  
Designee's Name

\_\_\_\_\_  
Designee's Address

\_\_\_\_\_  
Designee's Phone Number

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

ABJ16747