

- ☐ AMERICAN HERITAGE LIFE COMPANY
☐ KEYSTONE STATE LIFE COMPANY
☐ KHML/NATIONAL GUARDIAN LIFE COMPANY
☐ ALLSTATE WORKPLACE DIVISION

1776 AMERICAN HERITAGE LIFE DRIVE
 JACKSONVILLE, FL 32224-6687
 Phone (888) 699-2452 Fax (866) 428-2517

POLICYOWNER'S SERVICE REQUEST

NAME OF INSURED _____ POLICY NO. _____

**POLICYOWNER'S
MAILING ADDRESS**

Street

City

State

Zip

☐ 1. **CHANGE OF ADDRESS AS SPECIFIED ABOVE**

Other Policy Numbers _____

☐ 2. **CHANGE MODE OF PREMIUM PAYMENT**

☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly
☐ Electronic Fund Transfer (Please attach EFT form and a blank voided check.)

☐ 3. **AUTOMATIC PREMIUM LOAN PROVISION**

☐ I request the **APL** provision be added to the policy
☐ Cancel the APL provision effective _____

☐ 4. **PAID-UP INSURANCE**

I request the Paid-Up provision on the Non-Forfeiture Option be applied, if available, effective on the date to which premiums are now paid. **REDUCE PAID-UP AMOUNT \$** _____.

☐ 5. **EXTENDED TERM INSURANCE**

I request the Extended Term Insurance provision of the Non-Forfeiture Option be applied, if available, effective on the date to which premiums are now paid. **ETI EXPIRATION DATE** _____.

☐ 6. **CHANGE OF BENEFICIARY**

I hereby revoke any and all prior beneficiary designations and existing settlement agreements, if any, and request the Company to change the beneficiary for the above reference policy(ies) as follows: (Always give the name of the primary and contingent beneficiary in full)

PRIMARY

| | | |
|-----------------------------|-------------------------|-----|
| (Last Name, First Name, MI) | Relationship to Insured | Age |
|-----------------------------|-------------------------|-----|

CONTINGENT

| | | |
|-----------------------------|-------------------------|-----|
| (Last Name, First Name, MI) | Relationship to Insured | Age |
|-----------------------------|-------------------------|-----|

| | | |
|-----------------------------|-------------------------|-----|
| (Last Name, First Name, MI) | Relationship to Insured | Age |
|-----------------------------|-------------------------|-----|

| | | |
|-----------------------------|-------------------------|-----|
| (Last Name, First Name, MI) | Relationship to Insured | Age |
|-----------------------------|-------------------------|-----|

☐ 7. **CHANGE NAME OF** ☐ Insured ☐ Owner ☐ Payor

From: _____ To: _____

Reason for Change _____ (Complete change of Address Form if needed.)
 Note: If the reason for the change of name is other than marriage, a certified copy of the court order is required.

☐ 8. **CHANGE OF OWNERSHIP**

I hereby transfer ownership (give all benefits, rights and privileges) of the policy(ies) stated on the front side of this form to:

| New Owner's Full Name | Relationship to the Insured |
|-----------------------|-----------------------------|
|-----------------------|-----------------------------|

| Address: | Street | City | State | Zip |
|----------|--------|------|-------|-----|
|----------|--------|------|-------|-----|

*New Owner's Date of Birth

*New Owner's Social Security Number

*Required to process Ownership Change

☐ 9. **REQUEST FOR DUPLICATE POLICY**

I certify that the above numbered policy has been lost or destroyed and agree that all rights, title and interest in the original policy are assigned to the Company.

☐ 10. **POLICY LOAN (Cash Only)**

☐ I request a cash policy loan of \$_____, or the maximum loan, if less

☐ Please use \$_____ of the loan value proceeds to pay premium now due, if the loan value is sufficient to do so.

☐ 11. **CASH SURRENDER REQUEST (Send Policy)**

I elect to surrender this policy and direct American Heritage Life Insurance Company to pay the cash values to me. American Heritage Life Insurance Company is released from any liability. I hereby direct a change of beneficiary to my estate. I represent that no other person, firm or corporation has any interest in the policy except the undersigned, and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

☐ **Policy is enclosed**

☐ **Policy has been lost or destroyed**

☐ 12. **ANNUITY PARTIAL SURRENDER (Withdrawal)**

\$_____ or the maximum allowed by policy, if less.

☐ 13. **REQUEST TO CANCEL (Send Policy)**

I elect to terminate this policy and agree that all rights, title and interest in this policy are assigned to the Company.

☐ **Policy is enclosed**

☐ **Policy has been lost or destroyed**

☐ 14. **OTHER INSTRUCTIONS (Be Specific)**

I agree that my signature below shall apply to each request which has been checked on both sides of this form and further agree that no request will be effective if not checked.

(PRESENT OWNER'S SIGNATURE)

DATE

(NEW OWNER'S SIGNATURE)

DATE

(WITNESS)

DATE

(NOTARY PUBLIC)

DATE