MEMBER REQUEST TO CHANGE LIFE INSURANCE PLANS

Assembly Number _____ Certificate Number(s) _____
Of Certificate(s) _____
Being Changed _____

I, _____ Do hereby request and direct that the above certificate(s) be changed to one of the following plans of insurance:

NEW CERTIFICATE NUMBER (S): _____

☐ Ordinary Whole Life ☐ Twenty Payment Life

☐ Ten Year Renewable Convertible Term ☐ Single Premium Whole Life

I agree to use the proceeds of my above certificate(s) as a premium payment to purchase a face amount of $ _____ of life insurance.
I fully understand and agree that the benefit due my beneficiary(ies), should death occur, will be paid in accordance with the terms of my certificate(s) to be used in this instance.

Birthday _____/_____/_____ _____ _____-_____-_____ Phone (___)_____-_____
Month Day Year Current Age Social Security Number Area Code + Number

Additional amount remitted with this request $ _____ Total $ _____

Beneficiary Designations

Primary Beneficiary(ies) _____
Name Relationship

_____
Address

Contingent Beneficiary(ies) _____
Name Relationship

_____
Address

_____
Name Relationship

_____
Address

THE OLD CERTIFICATE THAT IS BEING CHANGED MUST BE ATTACHED TO THIS FORM!!!!

Policy Value Calculation

Cash Value $_____
Dividend Earned $_____
Premium Adjustment $_____
Loan Balance $_____
Net Cash Value $_____

Member Information

_____
Member Signature

_____
Address

_____
City State Zip Code

Approved By: _____
Underwriter Date

_____
National President Date

_____
National Secretary - Treasurer Agent