



TERRITORY	
AGENCY	
AGENT	

## UNIVERSAL LIFE CHANGE REQUEST

POLICY NUMBER	INSURED	OWNER (If Not Insured)
---------------	---------	------------------------

1.  CHANGE OF OPTION TYPE

a) A to B  Form #122 (Att.)  Effective Date MM DD YY  
[ ][ ] [ ][ ] [ ][ ]

b) B to A

2.  INCREASE IN FACE AMOUNT  DECREASE IN FACE AMOUNT

From \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Effective Date MM DD YY  
[ ][ ] [ ][ ] [ ][ ]

Under GIO  Or Form #536

3.  INCREASE IN PERIODIC PREMIUM  DECREASE IN PERIODIC PREMIUM

From \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Effective Date MM DD YY  
[ ][ ] [ ][ ] [ ][ ]

4.  SUPPLEMENTS

Premium Waiver	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
Payor Waiver	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Form # 122 (Att.)
Accidental Death Benefit	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
\$ _____		<input type="checkbox"/> Remove GIO Insurability	

5.  RIDERS (Complete Details or Check "Remove" Box)

Term Rider <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Name</th> <th style="width: 5%;">Sex</th> <th style="width: 5%;">Age</th> <th style="width: 10%;">Smoke Y / N</th> <th style="width: 15%;">Amount</th> <th style="width: 20%;">Remove</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Sex	Age	Smoke Y / N	Amount	Remove																																																												
Name	Sex	Age	Smoke Y / N	Amount	Remove																																																														

Application "B" for each life on added benefits (must be submitted)

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT: I understand that this request is subject to the provisions and conditions of the above policy and that the Company may request additional information or impose additional requirements. I agree that my signature shall apply to each request which has been checked on this form and further agree that no request will become effective which is not checked. I certify that the above policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings in bankruptcy are pending.

Signed at \_\_\_\_\_  
City and State

Date \_\_\_\_\_

\_\_\_\_\_  
Witness' Signature  
(Attests to All Required Signatures Within This Form)

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

\_\_\_\_\_  
Witness' Address - Number and Street

\_\_\_\_\_  
New Owner's Signature, If Applicable

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Additional Required Signature, If Any  
(Apply to Any Item in This Form Where Required)

\_\_\_\_\_  
Additional required Signature, If any

---

---

**FOR COMPANY USE ONLY**

The above request for change is acknowledged and has been completed by the Company. This acknowledgement applies only to the policy specified in this form. The Policy Contract **MUST** be submitted for endorsement.

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_