

New Policy Change (Term)



Change to a new term life insurance policy within 60 days of issue

1. POLICY		Policy Number
Insured Name (Last, First MI)		Policy Issue Date
Current Policy Type <input type="checkbox"/> Level Term I <input type="checkbox"/> Level Term II: _____ years <input type="checkbox"/> Five-Year Renewable Term		Current Death Benefit \$
New Policy Type (if no change leave blank) <input type="checkbox"/> Level Term I <input type="checkbox"/> Level Term II: _____ years <input type="checkbox"/> Five-Year Renewable Term		New Death Benefit (if no change leave blank) \$

2. INSURED AUTHORIZATION	
I certify that since the date of issue of this policy, neither 60 days has passed nor have I had a change in health, been hospitalized for any reason nor have I seen a doctor for other than a minor illness. I understand this policy change will be made as of the issue date of the policy and I will be responsible for any increase in premiums due from that date.	
Insured Signature	Date Signed (mm/dd/yyyy) / /

3. OWNER AUTHORIZATION (complete <u>only</u> if Owner is not the Insured)	
Owner Name (Last, First MI)	Owner SSN/TIN
Owner Signature	Date Signed (mm/dd/yyyy) / /