UNITED HERITAGE LIFE INSURANCE COMPANY
P.O. BOX 7777 - MERIDIAN, IDAHO 83680-7777
Phone Number: 800-657-6351

UNITED HERITAGE Insurance

CHANGE OF POLICY INFORMATION
FINAL EXPENSE INDIVIDUAL LIFE INSURANCE

(Please Print)

Primary Insured Name: _____ **Policy Number:** _____

Owner Name: (if different than insured): _____ **Owner SSN:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____ **Telephone No.** _____

To make changes to your policy, we must receive this request form, completed and signed by you. **No change in your policy will be valid unless it is in writing. If your policy has an irrevocable beneficiary or an irrevocable assignee, this form requires his/her signature prior to making any change.** United Heritage must accept your written request prior to any changes taking effect. The change(s) will be effective as of the date the owner signs this change form. These changes are subject to any payment made or action taken by United Heritage Life Insurance Company prior to the receipt and acceptance of your request. It is important that you **read and understand** the options that you choose. If you have any questions or need assistance in completing this form, please contact our Client Services Department at 1-800-657-6351.

Return the completed form with all required signatures, any money due, and any other paperwork to United Heritage Life Insurance Company. A copy of the accepted form will be returned to you. This form becomes a part of your policy. Please make sure that you attach your copy to your policy.

PLEASE NOTE THAT NOT ALL OPTIONS ARE AVAILABLE FOR ALL PLANS

SELECT YOUR OPTION BY CHECKING THE BOX PROVIDED AND COMPLETE ANY INFORMATION REQUESTED:

A. ❑ **Beneficiary Change(s):**

All previous beneficiary designations are hereby revoked. The following beneficiary designation is made with respect to the named insured in this form:

1. **New Primary Beneficiary:**

   Name: _____

   Social Security Number: _____ Birth Date: _____

   Address: _____ City: _____ State: ____ Zip: _____

   Relationship to Insured: _____ Telephone No. _____

2. **New Contingent Beneficiary:** (to receive proceeds if no primary beneficiary is living)

   Name: _____

   Social Security Number: _____ Birth Date: _____

   Address: _____ City: _____ State: ____ Zip: _____

   Relationship to Insured: _____ Telephone No. _____

If you choose more than one beneficiary in either category, please attach an additional page. Give us the same information as required above for each additional beneficiary and the distribution percentage(s). Unless otherwise designated by the owner, when two or more persons are named as beneficiaries, each one shall share equally in the proceeds. Upon the death of one or more of the beneficiaries, payments will be made to the remaining beneficiary(ies).

B. ❑ **Ownership Change:** The person who is to be the owner of this life insurance policy must have an "insurable interest" in your continued life, such as a family member or a business partner. Ownership of a life insurance policy without an insurable interest in the insured's life may be illegal in some states. A STOLI form may be required.

Ownership Transfer: I transfer all my rights, title, and interest as owner of the policy to:

Name: _____ SSN#/TIN#: _____ His/Her relationship to me: _____

Address: _____ City: _____ State: ____ Zip: _____ Telephone No. _____

This owner has the right to exercise any and all options, rights, and privileges in the policy. This is subject to any existing loan or assignment of the policy that is in force and on file with United Heritage Life Insurance Company.

C. ❑ **Name Change:** I hereby request the name of _____ which appears on the policy records be changed to _____ due to:

i. ❑ Marriage: Date: _____ Place: _____ Name of Spouse/Partner: _____

ii. ❑ Divorce: Date: _____ Place: _____ Court: _____

iii. ❑ Other: _____

D. ❑ **Elect Non-Forfeiture Option:**

1. ❑ Place my policy on Reduced Paid-Up Insurance. The guaranteed cash value, less any indebtedness, will be used as a single premium to determine the face amount.
2. ❑ Place my policy on Extended Term Insurance. The amount will be the face amount of this policy, less any indebtedness. The term shall be for a period that the net cash value will purchase when applied as a single premium. This option is only available for Protector Whole Life.

E. ❑ **Reduce Policy Face Amount:** From $ _____ to $ _____

F. ❑ **Remove Additional Benefits:**

❑ Accelerated Benefits Rider ❑ Accidental Death Rider ❑ Child(ren) Rider

G. ❑ **Request for Automatic Premium Loan:** If any premium is not paid when due or in the grace period, payment shall be made in accordance with the Automatic Premium Loan provision of the policy.

H. ❑ **Request for Policy Loan:** ❑ Loan Amount: $ _____ ❑ Maximum Policy Loan

I. ❑ **Lost Policy:** I attest that said policy has been lost or destroyed. The policy is not assigned. It is not used as collateral or security. It is not pledged in any way. I request the issuance of evidence of insurance. If the original policy is found, I will return it to United Heritage Life Insurance Company. I understand the original policy will be null and void when the new evidence of insurance is issued. The Company shall not be liable for loss or injury which may occur as a direct or indirect result of the issuance of the new evidence of insurance.

J. ❑ **Surrender for Net Cash Value:** For this option, you must return the policy. If you have lost or misplaced your policy, please check box I, Lost Policy, and contact our Client Services Department. I am the owner of the policy. I wish to surrender this policy for full cash surrender value in accordance with the terms of the policy. I am aware that any and all indebtedness against the policy will be deducted from the cash surrender amount. Owner's Social Security Number: _____

K. ❑ **Special Requests or Additional Information**

_____

_____

United Heritage Life Insurance Company assumes no responsibility for the compliance of the requested change with any community property laws relating to the change.

I understand that any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

All statements in this policy change form shall be deemed representations and not warranties. I have read the information above and declare that it is true and correct to the best of my knowledge and belief and is correctly recorded.

Signed this _____ day of _____, 20_____ at _____
City & State

_____
Policy Owner - Printed Name

_____ _____
Policy Owner - Signature Witness

_____
Irrevocable Beneficiary/Assignee - Printed Name

_____ _____
Irrevocable Beneficiary/Assignee - Signature Witness

Accepted by the Company:

Received, acted on and filed at the Home Office of the Company this _____ day of _____, 20_____ .

By _____
Todd Gill, President