



Allstate
Benefits

American Heritage Life Insurance Company
Allstate Benefits
1776 American Heritage Life Drive
Jacksonville, Florida 32224

Telephone 1-800-521-3535
Facsimile 866-428-2517
www.allstatebenefits.com

Agent Use Only – subject to AHL rules, send all items to be returned to: Agent Owner
Agent Name and Number _____

Policy Number(s) _____ Policy Owner's Name _____

Insured's Name if different than Owner _____

Policy Owner Mailing Address _____
(Street) _____ (Apt) _____

_____ (City) _____ (State) _____ (Zip) Check if this is a new address

Home Phone Number _____ Alternate Phone Number _____ (Cell or Work)

Preferred contact number (Home or Alternate) and best time to call if possible _____ a.m. p.m.

Email _____ Agent Name and Number _____

Notice to Policyholder: Funds released when borrowing, surrendering, or withdrawing any policy values may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the policy.

- | | |
|--|---|
| <p>1. <input type="checkbox"/> Universal Life Partial Withdrawal or Annuity Partial Surrender (Processed from Cash Value Only)
\$250.00 minimum</p> | <p><input type="checkbox"/> Request a partial fund withdrawal of \$ _____ or the maximum amount allowed by the policy if less than the requested amount</p> <p><input type="checkbox"/> Request the maximum allowed by the policy
* Under the Universal Life Policy, the death benefit and cash value will be reduced by the amount of the partial surrender. Service fees will be deducted from the cash value.
* If a taxable gain applies, please complete section 6 "Notice of Withholding on Distributions or Withdrawals". If you are unsure if this applies, you may complete section 7 as a precaution.</p> |
| <p>2. <input type="checkbox"/> Policy Loan (Processed from Cash Value Only)
\$100.00 minimum</p> | <p><input type="checkbox"/> Request a cash policy loan of \$ _____ or the maximum amount allowed by the policy if less than the requested amount</p> <p><input type="checkbox"/> Request the maximum allowed by the policy
* This loan plus any other debt owed American Heritage Life Insurance Company is the first lien against the policy values. There are no proceedings in bankruptcy pending against any owner signing this form.
* Policy loans accrue interest. An interest statement will be mailed annually on the policy anniversary date until paid in full.</p> |
| <p>3. <input type="checkbox"/> Change from Loan to PFW</p> | <p><input type="checkbox"/> Request to change the current outstanding loan balance into a Partial Fund Withdrawal</p> |
| <p>4. <input type="checkbox"/> Policy Cancellation</p> | <p><input type="checkbox"/> Cash Surrender Request For Cancellation (please return policy with request if available). In consideration of and in exchange for the cash value, the above named policy issued on the life of _____, is hereby surrendered for cancellations. In accordance with the terms of the policy it is hereby agreed that any debt thereon to the Company will be deducted from the cash value.</p> <p><input type="checkbox"/> Policy is enclosed with request</p> <p><input type="checkbox"/> Policy has been lost or destroyed and is not assigned, hypothecated or pledged in any other way whatsoever</p> |
| <p>5. <input type="checkbox"/> Maturity Request</p> | <p>Maturity Request</p> <p><input type="checkbox"/> Elect option number _____ as stated in my contract
Payments to be made <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Change maturity date to _____</p> <p><input type="checkbox"/> Change maturity age to _____</p> <p><input type="checkbox"/> Lump sum</p> |
| <p>6. <input type="checkbox"/> Guaranteed Option Requests</p> | <p><input type="checkbox"/> Change Automatic Option to (if applicable): <input type="checkbox"/> Reduced Paid-Up <input type="checkbox"/> Extended Term</p> <p><input type="checkbox"/> Stop Premium and Adjust Coverage to (if applicable): <input type="checkbox"/> Reduced Paid-Up <input type="checkbox"/> Extended Term</p> <p>*supplemental benefits cancel when premiums stop</p> |

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

➡ **Policy Owner's Signature Required for all Requests** _____ Date _____

➡ **Joint Owner's Signature** _____ Date _____

Note: For Corporate Owner, provide corporation name, two officer's signatures and their titles.

Company Name _____ Officer Signature/Title _____ Officer Signature/Title _____

Choose one option only

