

Policyholder's Change and Service Request For American Heritage Life Insurance Company (Home Office: Jacksonville, FL)

Workplace Division

| Policy Number (use separate form | per policy) Name of Insured (Last, First, Middle) Agent Name and N | umber (Please Print) | | | | |
|--|--|--|--|--|--|--|
| Take the following action(s) regarding this policy subject to AHL's current rules. | | | | | | |
| 1. Policy Changes, Reductions or Removals | Change from Family to Individual coverage on health policy due to If due to death of Insured, Name of New Insured SS#, | | | | | |
| | Remove the following Benefit Rider Change Death Benefit Option from 2 to 1 (if changing from 1 to 2, application Cancel Life policy when replacement policy is issued (for life policies | must be submitted for underwriting purposes) | | | | |
| 2. Annuity or UL Partial Surrender (Withdrawal) | \$ or the maximum allowed by policy, if less. *Under UL Policy, the death and fund value will be reduced by the amount of partial surrender. *Service Fees or surrender charges will be deducted from fund value. Note: Form C-123 also required with this request. | | | | | |
| 3. Policy Loan | \$ in cash. For maximum amount available. To pay current premium due on policy number(s) Other Automatic Premium Loan. Make the Automatic Premium Loan Provision: □ Operative □ Inoperative This loan plus any other debt owed AHL is a first lien against the policy values. There are no proceedings in bankruptcy pending against any owner signing this form. | | | | | |
| 4. Dividend Withdrawal | \$in cash. For maximum amount available. To pay current premium due on policy number(s) To apply to loan on policy number Other | | | | | |
| 5. Maturity Request | ☐ I elect option numberas stated in my contract. Payments to be made ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually If applicable, payments to be made for a period ofYears. ☐ Change Maturity Date to ☐ Change Maturity Age to Note: If requesting a maturity option, for C-123 also required. | | | | | |
| 6. Flexible Premium Payment Changes (FPA or UL only) | ☐ Place policy in non-billing status ☐ Place policy back into a premium paying status. ☐ Change premium to \$ | | | | | |
| 7. Change Name of | Insured Owner Payor From To Complete change of Address Form if needed.) Note: If the reason for the change of name is other than marriage, a certified copy of the court order is required. | | | | | |
| 8. Address Change | Name (Last, First, Middle) Other Policy Numbers to be changed Street | | | | | |
| | City State Zip | | | | | |

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| 9. | Guaranteed Option Requests | ☐ Change Automatic Option to (if applicable): ☐ Reduced Paid-Up ☐ Extended Term ☐ Stop Premium and Adjust Coverage to (if applicable): ☐ Reduced Paid-Up ☐ Extended Term *supplemental benefits cancel when premiums stop | | | | |
| 10. | Transfer of ownership | All policy ownership rights will vest in the new owner shown below. | | | | |
| | to (Do not use for collateral | New Owner (Last, First, Middle) Soc. Sec. # / F.E.I.N # | | | | |
| | assignment) | Address (Street, City, State, Zip) | | | | |
| | | At the death of the new owner, the successor owner is: Insured, or *If a change of beneficiary is desired, it must be requested on form B-040, by the new owner. *This transfer is subject to the term of any irrevocable beneficiary designation in effect or any other ownership restrictions. | | | | |
| 11. | Premium Mode | \square A | ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Pre-authorized Check Plan (PAC) | | | |
| Change to (Direct Bill only) | | *PAC authorization and voided check required. | | | | |
| 12. | Payroll Allotment Billing Changes | Case No | | | | |
| | | Payor Name | | | | |
| | | Anı *PA | ce policy on Direct Bill nually Semi-Annually Cauthorization and voided check required. least one month's premium required. Check | _ ` | rterly Pre-authorized Check Plan (PAC) | |
| 13. | Application for Duplicate Policy or Certificate | I certify that the above policy has been lost or destroyed and that said policy is not assigned, hypothecated, or pledged in any way whatsoever. I, therefore, request the issuance of a duplicate of said policy and agree that should the original policy be found or in any way come into my possession, I will return or cause the same to be returned to American Heritage Life Insurance Company, its successors or assigns. It is distinctly understood and agreed that the original policy shall become null and void immediately upon issuance of the duplicate policy herein requested. I also agree that if duplicate forms of the lost policy are not available, I will accept a Certificate for Lost Policy. | | | | |
| 14. | Other Instructions (Be specific) | | | | | |
| 15. | Request for Conversion to Individual Policy from Group Coverage (Be Specific) | Cancer Other Current Billing Address: Employer: Certificate Number: What policy do you want to convert to: Application for the converted policy must be made to us within 31 days (within 60 days of final divorce decree in case of divorce) after the coverage terminates. The effective date of the converted policy will be the date on which this coverage terminated. | | | | |
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| Note: For corporate owner, provide corporation's name, two officer's signatures and their titles | | | | | Date | |
| | | | (if applicable) | | Date | |
| Agent Use Only – Subject to AHL rules, send all items to be returned to: Home Office Use Only – Date Recorded | | | e Office Use Only – Date Recorded | | | |
| | ☐ Agent | | Owner | | By To Be Effective On | |