

COVERAGE REDUCTION REQUEST FORM

Section A – Policy Information (You Must Complete This Section)

Policy Number: _____ Insured: _____
(First Name) (Last Name)

Section B – Request Details (You Must Complete This Section)

IMPORTANT INFORMATION ABOUT CUSTOMER IDENTIFICATION – To help the government fight the funding of terrorism and money laundering activities, you may be asked to provide your name, address, date of birth, social security number, and other information that identifies you. The information you provide may also be validated through various public databases.

Please record the following change for the above referenced policy/policies:

Please Reduce the Coverage Amount From: _____ To: _____

Please Remove the Following Coverage/Rider(s):

All Additional Riders

Waiver of Premium

Child Rider

Accidental Death Benefit

Additional Insured(s) (Please Specify) _____

Other Change Request (Please specify) _____

Section C – Endorsement (The Current Policy Owner Must Complete This Section)

Owner's SS#: _____ * Owner's Phone: _____ Owner's Date of Birth: _____
(Required) (Required) (Required)

X _____ X _____ X _____
Signature of Current Policy Owner/Assignor (Required) Signature of Co-Owner/Spouse (If Applicable)** Signature & Title of Assignee/Irrevocable Beneficiary (If Applicable)

Date: _____ X _____ Notary Stamp/Seal:
(Required) Signature of Witness/Notary Public (If Applicable) (If Applicable)

**Under penalties of perjury, I, the Owner, certify that: The number shown in this document is my correct social security or taxpayer identification number, and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am not subject to backup withholding. I am a U.S. Citizen or resident alien or a domestic business entity. (If you are not a U.S. citizen or a U.S. resident alien, or a domestic business entity for tax purposes, please cross out this certification, complete and return IRS form W-8BEN, which can be located on www.irs.gov.)*

*** If you reside in one of the community property states listed, your spouse's signature is required. Community Property States: AZ, CA, GUAM, ID, LA, NV, NM, PR, TX, WA, WI. Unless we have been notified of a community or marital property interest in this contract, if this space is unsigned, we will rely on good faith that no such interest exists and will assume no responsibility for inquiry.*