

Primary Insured's Name \_\_\_\_\_ Policy No. \_\_\_\_\_

*First Middle Last*

**Owner's Name** (*if other than Primary Insured*) \_\_\_\_\_  
*First Middle Last*

**Owner's Phone No.** ( ) \_\_\_\_\_

Effective Date            /            /            Changes will be effective as of the current date unless a later date is specified.

☐ Change to Non-Tobacco Rates (A Tobacco Use Questionnaire and urine specimen with a paramedical firm will be required.)

**All changes in this section require completion of an Evidence of Insurability form, a signed Confidential Information Authorization form and signature by the Insured and the Policyowner (if other than the Insured).**

<input type="checkbox"/> Add Rider(s)	Name of Rider(s)	Proposed Insured's Name	Rider Amount
			\$
			\$

☐ Add Paid-Up Additions Purchase Option Rider (VER)

☐ Periodic Premiums \$ \_\_\_\_\_ ☐ Single Premium \$ \_\_\_\_\_

☐ Add Payor Benefit Rider      Full Name of Payor \_\_\_\_\_  
Address of Payor \_\_\_\_\_

Date of Birth (MM/DD/YYYY)      /      /      List Occupation and Duties

☐ Add Waiver of Premium      List Occupation and Duties \_\_\_\_\_

☐ Add Accidental Death Benefit Rider      Rider Amount \$ \_\_\_\_\_

☐ Use dividends accumulated at interest to purchase Paid-Up Additions (If Paid-Up Additions purchased are less than \$5,000, it is not necessary to complete an Evidence of Insurability form or a Confidential Information Authorization form.)

☐ Remove/Reduce Extra Premium Rating ☐ Other (Please specify)**Universal Life Policies Only**

☐ Change Death Benefit Option from #1 (*level*) to #2 (*increasing*)      ☐ Increase Base Policy Face Amount from \$\_\_\_\_\_ to \$\_\_\_\_\_

Special Instructions/Comments

**All changes in this section require the Policyowner's signature only.**

☐ Reduce Base Policy Face Amount from \$ to \$

☐ Remove Rider(s)\* List Rider Name(s)

<input type="checkbox"/> Reduce Rider Benefit Amount			
Name of Rider	Insured's Name <i>(if applicable)</i>	From	To
_____	_____	\$ _____	\$ _____
		\$ _____	\$ _____

☐ Other**Universal Life Policies Only**☐ Change Death Benefit Option from #2 (*increasing*) to #1 (*level*): ☐ Maintain current Benefit ☐ Change Benefit to base policy Face Amount only

☐ Change Planned Premium from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Payment mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Automatic Monthly

\*Not all riders can be removed without termination of the Policy. Contact the Assurity administrative office for more information.

Date (MM/DD/YYYY)

Signature of Primary Insured

Signature of Other Insured (if applicable)

Florida License No.

\_\_\_\_\_  
Signature of Licensed Agent/Witness

Signature of Policyowner (if other than Primary Insured)

