

Policy Number: _____

Insured: _____

CHANGE	INFORMATION TO COMPLETE
1. ADDRESS CHANGE	Change the address for Premium Notices to: (Please Print) _____ Number and Street _____ City _____ State _____ Zip _____ _____ Phone Number, including area code _____
2. BENEFICIARY	I hereby revoke all prior designations of beneficiary and optional modes or settlement under this policy. Change the beneficiary to: _____ Beneficiary Social Security Number: _____ Beneficiary's relationship to the Insured is: _____ Change the contingent beneficiary to: _____ Contingent Beneficiary Social Security Number: _____ Whose relationship to the insured is: _____
3. NAME	I, _____ was married _____ (Date) To _____ and my name should now appear as _____ _____. If changing name for reason other than marriage, include copy of Court Order.
4. NON-FORFEITURE	Surrender Value be applied to purchase: <input type="checkbox"/> Extended Term Insurance; <input type="checkbox"/> Reduced Paid-Up Insurance in accordance with the Guaranteed Value Provisions of the Policy. Effective _____ with a face amount of _____.
5. PREMIUM MODE	Change the mode of premium payment to: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly
6. MEMBER STATUS	I request that my member status be changed from _____ to _____.
7. INSURED'S SOCIAL SECURITY NUMBER	I certify that the number shown below is my correct Taxpayer Identification Number. _____ Insured's Social Security Number
8. OTHER	Indicate here any change desired not listed above. Return policy if contract is to be amended:

I direct that any endorsement or change of the policy as requested above be effected by return of a copy of this request with the Company's acknowledgement. I certify that I am not now disabled, and that no proceedings in bankruptcy are pending.

Signature of Policy Owner: _____ / ____ / _____

Witness: (Unrelated Adult): _____ / ____ / _____

GRAND LODGE USE ONLY _____ / ____ / _____