



### POLICY CHANGE REQUEST FORM

JOINT POLICY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
POLICY NUMBER _____	INSURED _____	
POLICY OWNER _____	POLICY OWNER DOB _____	
POLICY OWNER _____	POLICY OWNER DOB _____	
POLICY OWNER _____	POLICY OWNER DOB _____	
POLICY OWNER EMAIL ADDRESS: _____		
POLICY OWNER PHONE NUMBER: _____		

CHECK AND COMPLETE THE APPROPRIATE ITEM. SIGN AND DATE BELOW

*In order to prevent delay in processing, please complete all requested information in their entirety, including all doctor(s) information, complete address(es) and phone number(s).*

*Reinstatement forms can be found at:*

<https://www.heritageli.com/usfli>

- 1. Change policy stated amount from \_\_\_\_\_ to \_\_\_\_\_.  
*(A completed reinstatement form is required for increase request as Underwriting/Medical is needed.)*
- 2. Cancel Rider/Benefit:  Child  Additional Insured Person  Waiver  Accidental Death
- 3. Change Death Benefit Option to:  Option A:  Option B

#### THE FOLLOWING ARE ALLOWED FOR RIGHT LIFE AND TERM POLICIES ONLY

- 4. Remove or reduce policy rating.  
*(A completed reinstatement form is required for rate or smoker class changes. For smoke class changes, please include a completed tobacco questionnaire that is available on our website <https://www.heritageli.com/usfli>)*

**NOTICE** – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. The above statements are complete and true to the best of my/our knowledge and belief.



Dated At \_\_\_\_\_ X \_\_\_\_\_  
City State Signature of Insured

Date \_\_\_\_\_ X \_\_\_\_\_  
Signature of Witness (Required in Massachusetts)

Date \_\_\_\_\_ X \_\_\_\_\_  
Signature of Assignee

Date \_\_\_\_\_ X \_\_\_\_\_  
Signature of Owner

Date \_\_\_\_\_ X \_\_\_\_\_  
Signature of Owner

Date \_\_\_\_\_ X \_\_\_\_\_  
Signature of Owner

Date \_\_\_\_\_ X \_\_\_\_\_  
Signature of Owner

Entity Name \_\_\_\_\_ Title of the person signing \_\_\_\_\_

Date \_\_\_\_\_ X \_\_\_\_\_  
Signature of person signing behalf of Entity

Date \_\_\_\_\_ X \_\_\_\_\_  
Signature of Irrevocable Beneficiary