USFL
PO Box 3016
Monroe, WI 53566-3016
Phone: 800-959-3894
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REQUEST FOR TERM POLICY CONVERSION

Insured's Name	Date of Birth	Sex	Marital Status	Social Security No.

Address		Are you an US Citizen or a legal entity established under US law? ☐ Yes ☐ No
Insured's Email Address	Insured's Occupation	Insured's Telephone Number
Owner's Name (if different than Insured)		Owner's Date of Birth
Owner's Address		Owner's Taxpayer ID
Owner's Email Address		Owner's Telephone Number
Owner's Name (if different than Insured)		Owner's Date of Birth
Owner's Address		Owner's Taxpayer ID
Owner's Email Address		Owner's Telephone Number
Owner's Name (if different than Insured)		Owner's Date of Birth
Owner's Address		Owner's Taxpayer ID
Owner's Email Address		Owner's Telephone Number

*Provide Term Policy # "Make sure to complete if not converting the full face amount"

***Term Policy/Rider Converted**	**If Partial Conversion, Balance of Term Coverage is to be:** ___________ Cancelled or ________________ Retained

***Plan of Insurance**	**Face Amount**	**Death Benefit Option**	**Premium Mode**	**Premium Amount**

1. FIRST BENEFICIARY(IES) if living, if not Please type or print full name and indicate the relationship to the insured person	Are any named beneficiaries a Viatical or Life Settlement Company? ☐ Yes ☐ No Relationship to Insured / (Names of First Beneficiary(ies) / (Date(s) of Birth) (individual) Beneficiary(ies) Residential Address or place of business Percentage (%) of Benefits / Beneficiary(ies) SS#/EIN#/TIN# Beneficiary(ies) Email Address / Beneficiary(ies) Telephone Number

2. SECOND BENEFICIARY(IES) if living, if not Please type or print full name and indicate the relationship to the insured person	Are any named beneficiaries a Viatical or Life Settlement Company? ☐ Yes ☐ No Relationship to Insured (Names of First Beneficiary(ies)) (Date(s) of Birth) (individual) Beneficiary(ies) Residential Address or place of business Percentage (%) of Benefits Beneficiary(ies) SS#/EIN#/TIN# Beneficiary(ies) Email Address Beneficiary(ies) Telephone Number
FINAL BENEFICIARY	If no beneficiary named above is living at the Insured's death, the beneficiary is the Insured's executors or administrators, unless checked: ☐ The executors or administers of the survivor or beneficiaries (the last designated beneficiary to die)

Dated at ______________________ X ______________________
City State Signature of Insured

Date ______________ X ______________ X ______________
Signature of Witness Signature of Owner (if different than insured)

X ______________ X ______________ X ______________
Signature of Owner Signature of Owner Signature of Agent Agent Number