



Allstate
Benefits

American Heritage Life Insurance Company
Allstate Benefits
1776 American Heritage Life Drive
Jacksonville, Florida 32224

Please mail or fax completed & signed form to: **The MPM Group, LLC**
1010 Monarch Street, Suite 220
Lexington, KY 40513
Fax: (859) 224-1288

Life Policy Service Request

Policy/Certificate Number(s) _____ **Policy Owner's Full Name** _____

Insured's Name if different than Owner _____

Policy Owner Mailing Address _____
(Street) (Apt)

(City) (State) (Zip) **Check if this is a new address**

Home Phone Number _____ **Alternate Phone Number** _____ (Cell or Work)

Preferred contact number (Home or Alternate) and best time to call if possible _____ a.m. p.m.

Email _____

By providing your email address, you agree that we may email you a customer satisfaction survey to obtain feedback about this transaction.

Notice to Policyholder: Funds released when borrowing, surrendering, or withdrawing any policy values may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the policy.

Section 1: Name, SSN, Ownership, Date of Birth

1. **Name and Social Security Number Change Request, Date of Birth correction**

Correct or add Social Security Number for (name of individual) _____

Social Security Number _____ (owner, insured or dependent)

Change Name Of Insured Dependent Owner Payor

From: _____

To: _____

Reason for name change: Marriage Divorce Legal Name Change (Provide Legal Documents)

Misspelled Name Correction Other (specify) _____

Date of Birth correction _____ (Provide Legal Documents)

2. **Change of Ownership (This option is to change from current owner to a new owner as contractually accepted)**

(New Owner's full name) _____ (Relationship to Primary Insured) _____

(Street) (Apt) (City) (State) (Zip)

(Date of Birth) _____ (New Owner's Social Security Number) _____

(Contact Phone Number) _____ (Email) _____

Please check here if change of ownership is due to the death of the current owner
(Provide certified Death Certificate)

Section 2: Correspondence, Duplicate Policy

1. **Various Requests**

Request Written Confirmation of Cash Value
 Request Written Confirmation of Death Benefit

2. **Application for Duplicate Policy or Certificate**

I certify that the above policy has been lost or destroyed and that said policy is not assigned, hypothecated, or pledged in any way whatsoever. I, therefore, request the issuance of a duplicate of said policy and agree that should the original policy be found or in any way come into my possession, I will return or cause the same to be returned to American Heritage Life Insurance Company, its successors or assigns. It is distinctly understood and agreed that the original policy shall become null and void immediately upon issuance of the duplicate policy herein requested. I also agree that if duplicate forms of the lost policy are not available, I will accept a Certificate of Lost Policy.

3. **Other Instructions**
(Please be specific - ex: Retired on X/X/XX change to Direct Bill)

Section 3: Reductions, Removals, Newborn Child, Premium Changes

<p>1. <input type="checkbox"/> Newborn Child, Reductions or Removals</p> <p>Universal Life (UL) Only: Death Benefit Reductions do not result in a change in premium unless requested based on a current In-force Illustration. To request an In-force Illustration, please check here <input type="checkbox"/>.</p>	<p><input type="checkbox"/> Add Newborn child (if no underwriting required; in-force Child Term Rider required) Name of Newborn _____ Gender _____ Date of Birth _____ Relationship of Dependent to Primary Insured _____</p> <p><input type="checkbox"/> Reduce the Death Benefit From: _____ To: _____</p> <p><input type="checkbox"/> Reduce the number of Rider Units From number of Units: _____ To number of Units: _____ Rider Name _____</p> <p><input type="checkbox"/> Remove the following Benefit Rider(s) _____</p> <p><input type="checkbox"/> (Flexible Premium Annuity - FPA or UL only) Reduce premium based on Benefit Rider removal</p> <p><input type="checkbox"/> (UL only) Change Death Benefit Option from 2 to 1 (if changing from 1 to 2, an application must be completed for underwriting purposes)</p>
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<p>2. <input type="checkbox"/> Flexible Premium Payment Changes (FPA or UL only)</p>	<p><input type="checkbox"/> Place policy in non-billing status</p> <p><input type="checkbox"/> Place policy back in a premium payment status</p> <p><input type="checkbox"/> Change premium to \$ _____ (Per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual)</p> <p><input type="checkbox"/> Make Change Effective (MM/DD/YY) _____</p>
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Section 4: Loans, Surrenders, Withdrawals (choose one option only)

<p>1. <input type="checkbox"/> Universal Life (UL) or Annuity Partial Surrender (Processed from Cash Value Only) \$250.00 minimum</p>	<p><input type="checkbox"/> Request a partial surrender of \$ _____ or the maximum amount allowed by the policy if less than the requested amount.</p> <p><input type="checkbox"/> * Under the Universal Life (UL) Policy, the death benefit and cash value will be reduced by the amount of the partial surrender. Service fees will be deducted from the cash value. * If a taxable gain applies, please complete section 7 "Notice of Withholding on Distributions or Withdrawals". If you are unsure if this applies, you may complete section 7 as a precaution.</p>
<p>2. <input type="checkbox"/> Policy Loan (Processed from Cash Value Only) \$100.00 minimum</p>	<p><input type="checkbox"/> Request a cash policy loan of \$ _____ or the maximum amount allowed by the policy if less than the requested amount.</p> <p><input type="checkbox"/> Request the maximum allowed by the policy. * This loan plus any other debt owed American Heritage Life Insurance Company is the first lien against the policy values. There are no proceedings in bankruptcy pending against any owner signing this form. * Policy loans accrue interest. An interest statement will be mailed annually on the policy anniversary date until paid in full.</p>
<p>3. <input type="checkbox"/> Change from Loan to Partial Surrender</p>	<p><input type="checkbox"/> Request to change the current outstanding loan balance into a Partial Surrender.</p>
<p>4. <input type="checkbox"/> Policy Cancellation</p>	<p><input type="checkbox"/> Cash Surrender Request For Cancellation (please return policy with request if available). In consideration of and in exchange for the cash value, the above named policy issued on the life of _____, is hereby surrendered for cancellations. In accordance with the terms of the policy it is hereby agreed that any debt thereon to the Company will be deducted from the cash value.</p> <p><input type="checkbox"/> Policy is enclosed with request.</p> <p><input type="checkbox"/> Policy has been lost or destroyed and is not assigned, hypothecated or pledged in any other way whatsoever.</p>
<p>5. <input type="checkbox"/> Maturity Request</p>	<p>Maturity Request</p> <p><input type="checkbox"/> Elect option number _____ as stated in my contract. Payments to be made <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Change maturity date to _____</p> <p><input type="checkbox"/> Change maturity age to _____</p> <p><input type="checkbox"/> Lump sum.</p>
<p>6. <input type="checkbox"/> Guaranteed Option Requests</p>	<p><input type="checkbox"/> Change Automatic Option to (if applicable): <input type="checkbox"/> Reduced Paid-Up <input type="checkbox"/> Extended Term</p> <p><input type="checkbox"/> Stop Premium and Adjust Coverage to (if applicable): <input type="checkbox"/> Reduced Paid-Up <input type="checkbox"/> Extended Term</p> <p>*supplemental benefits cancel when premiums stop</p>

Choose one option only

