



**Allstate**  
Benefits

American Heritage Life Insurance Company  
Allstate Benefits  
1776 American Heritage Life Drive  
Jacksonville Florida 32224  
Telephone 1-800-521-3535  
Facsimile 866-428-2517

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

# Life Policy Service Request

Policy/Certificate Number(s) \_\_\_\_\_ Policy Owner's 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)

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

**1.  Newborn Child, Reductions or Removals**

**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 .

Death Benefit Reductions not allowed for Group Whole Life Policies

- 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 \_\_\_\_\_
- Reduce the Death Benefit                      From: \_\_\_\_\_ To: \_\_\_\_\_
- Reduce the number of Rider Units              From number of Units: \_\_\_\_\_ To number of Units: \_\_\_\_\_  
 Rider Name \_\_\_\_\_
- Remove the following Benefit Rider(s) \_\_\_\_\_
- (Flexible Premium Annuity - FPA or UL only)** Reduce premium based on Benefit Rider removal
- (UL only)** Change Death Benefit Option from 2 to 1 (if changing from 1 to 2, an application must be completed for underwriting purposes)

**2.  Flexible Premium Payment Changes (FPA or UL only)**

- Place policy in non-billing status
- Place policy back in a premium payment status
- Change premium to \$ \_\_\_\_\_  
 (Per  Week  Month  Quarter  Semi-Annual  Annual)
- Make Change Effective (MM/DD/YY) \_\_\_\_\_

### Section 4: Loans, Surrenders, Withdrawals (choose one option only)

**1.  Universal Life (UL) or Annuity Partial Surrender (Processed from Cash Value Only)**  
  
**\$250.00 minimum**

- Request a partial surrender of \$ \_\_\_\_\_ or the maximum amount allowed by the policy if less than the requested amount.
- \* 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.

**2.  Policy Loan (Processed from Cash Value Only)**  
  
**\$100.00 minimum**

- Request a cash policy loan of \$ \_\_\_\_\_ or the maximum amount allowed by the policy if less than the requested amount.
- 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.

**3.  Change from Loan to Partial Surrender**

- Request to change the current outstanding loan balance into a Partial Surrender.

**4.  Policy Cancellation**

- 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.
- Policy is enclosed with request.
- Policy has been lost or destroyed and is not assigned, hypothecated or pledged in any other way whatsoever.

**5.  Maturity Request**

- Maturity Request**
- Elect option number \_\_\_\_\_ as stated in my contract.  
 Payments to be made  Monthly  Semi-Annually  Annually
  - Change maturity date to \_\_\_\_\_
  - Change maturity age to \_\_\_\_\_
  - Lump sum.

**6.  Guaranteed Option Requests**

- Change Automatic Option to (if applicable):  Reduced Paid-Up  Extended Term
  - Stop Premium and Adjust Coverage to (if applicable):  Reduced Paid-Up  Extended Term
- \*supplemental benefits cancel when premiums stop

Choose one option only

**7.  Notice of Withholding on Distributions or Withdrawals (only complete if taking a Universal Life (UL) or Annuity Partial Surrender)**

The distribution from your account is subject to Federal income tax withholding on the portion which is included in taxable income. You may elect to have American Heritage Life Insurance Company withhold the tax or report it yourself. If you elect not to have Federal income tax withheld, you are liable for payment of the tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax rules if your payments of estimated tax and/or withholding, if any, are insufficient. If you are not a U.S. Person, including a U.S. resident alien, we are required to withhold 30% of the taxable amount unless we receive a completed IRS Form W-8 validly claiming a reduced withholding rate pursuant to a tax treaty between the U.S. and your country of residence.

**Important: To avoid delay, please sign authorization below if you are NOT subject to backup withholding.**

*Note: Due to Internal Revenue Service requirements concerning taxpayer identification number verification and backup withholding requirements, this form is required to be completed prior to distribution. Check to be sure that all information is correct before signing.*

**Taxpayer Identification Number Certification**

**Federal law requires us to withhold and remit to the Internal Revenue Service a portion of any income payable to you. The following certifications are required to avoid backup withholding order.**

**Under penalties of perjury, I certify that:**

1. **The Taxpayer Identification Number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and**
2. **I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as result of a failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholding, and**
3. **I am a U.S. person (including a U.S. resident alien).**
4. **The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct.**

**The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.**

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_  Check here if address is new.  
Claimant

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Taxpayer Identification Number: \_\_\_\_\_

**FEDERAL WITHHOLDING ELECTION**

*(Applicable only if not subject to backup withholding)*

- I ELECT Default Withholding (For income payments, withhold at single with no adjustments. For lump sum distribution, withhold at a default rate of 10%)
- I DO NOT want Federal income tax withheld from my distribution/income payments. (My election is void unless I have provided my correct taxpayer identification number, or I am not a current resident of the United States.)
- I DO want Federal income tax withheld from my distribution/income payments (Attached is the applicable form (W-4P or W-4R). I authorize federal income tax to be withheld from my distribution/income payments. I understand that if no IRS Form W-4P or W-4R is attached and this box is selected, that Default Withholding will apply until a valid IRS Form is received.)

**STATE WITHHOLDING ELECTION**

**Please indicate one of the following – We do not voluntarily withhold in states where withholding is not required. If none is selected, we will withhold state income tax based on your state’s default, if any.**

- Do not withhold state income tax from my income payments/distribution (if allowed by my state of residence).
- Withhold using State Default Withholding– withhold state income tax based on my state’s default withholding.
- State of Residence \_\_\_\_\_

We recommend you consult your tax advisor concerning any tax consequences regarding your distribution and/or income payments.

➔ Owner’s Signature \_\_\_\_\_

Date \_\_\_\_\_

**8.  Direct deposit for a Loan, Partial Surrender or Cash Surrender**

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Checking **Please attach copy of a voided check**

Account Number: \_\_\_\_\_ \*Electronic Routing Transit Number: \_\_\_\_\_

\*Some banks use a separate routing number specifically for electronic ACH deposits. Please verify the routing number with your bank.

**AUTHORIZATION AND SIGNATURE:** I authorize American Heritage Life Insurance Company (AHL) to electronically credit the account number shown above for the requested loan and/or cash surrender payment identified in Section 4 of this Life Change Form (unless benefits are assigned). Subject to local laws, AHL reserves the right to recover any credit entry made to my account in error. The financial institution information above is complete and accurate and is that of the policy/certificate holder on file (unless the policy/certificate holder is incapacitated or deceased). Although direct deposit (Electronic Funds Transfer) is my preferred method of payment, there may be circumstances which require a paper check to be issued as opposed to a direct deposit. (e.g., I did not include a copy of a voided check with my request).

Policy/Certificate Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**9. I agree that my signature below shall apply to each request which has been checked on all sides of this form. I further agree that only checked items will be considered for processing. (Date and signature required below)**

➡ **Policy Owner's Signature Required for all Requests** \_\_\_\_\_ **Date** \_\_\_\_\_

➡ **Joint Owner's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agent Name and Producer Number** \_\_\_\_\_

**Note: For Corporate Owner, provide corporation name, two officer's signatures and their titles.**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Officer Signature/Title

\_\_\_\_\_  
Officer Signature/Title