



USFL
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An AXA Financial Company

REQUEST FOR POLICY CHANGE

POLICY NUMBER:
POLICY OWNER'S NAME:
POLICY OWNER'S ADDRESS:
POLICY OWNER'S DATE OF BIRTH:
POLICY OWNER'S EMAIL ADDRESS:
POLICY OWNER'S TAXPAYER ID:
POLICY OWNER'S PHONE NUMBER:
AGENT'S NAME:
INSURED'S NAME:
INSURED'S ADDRESS:
INSURED'S DATE OF BIRTH:
INSURED'S EMAIL ADDRESS:
INSURED'S TAXPAYER ID:
INSURED'S PHONE NUMBER:

SELECT THE DESIRED POLICY CHANGE TRANSACTION 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 www.USFLI.com

- 1. Change policy stated amount from ... to ...
2. Cancel Rider/Benefit: Child, Additional Insured Person, Waiver, Accidental Death
3. Change Death Benefit Option to: Option A, Option B
4. Term Re-Entry.

The current beneficiary on your existing term policy will be transferred to your new beneficiary, if approved. Please provide the following information on the current beneficiary listed:

Beneficiary Name
Address
Taxpayer ID Date of Birth Telephone Number

THE FOLLOWING ARE ALLOWED FOR RIGHT LIFE AND TERM POLICIES ONLY

- 5. Remove or reduce policy rating.
(A completed reinstatement form is required for rate or smoker class changes. For smoker class changes, please include a completed tobacco questionnaire that is available on our website www.USFLI.com)

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.

Dated: at City State

Signature of Insured
Signature of Owner if other than Insured
Signature of Title of Assignee
Signature of Witness