



USFL
 PO BOX 1419
 Charlotte NC 28201-1419
 Phone: 800-959-3894
 Fax: 855-784-1586
 USFLI-POS@AXA-Equitable.com

An AXA Financial Company

REQUEST FOR TERM POLICY CONVERSION

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

*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	_____ (Relationship(s))	_____ (Names of First Beneficiary(ies))	_____ (Date(s) of Birth)
	Beneficiary(ies) Address		Beneficiary(ies) SS#
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	_____ (Relationship(s))	_____ (Names of First Beneficiary(ies))	_____ (Date(s) of Birth)
	Beneficiary(ies) Address		Beneficiary(ies) SS#
	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: <input type="checkbox"/> The executors or administrators of the survivor or beneficiaries (the last designated beneficiary to die)
--------------------------	---

Dated at _____
 City State

X _____
 Signature of Insured

Date _____ X _____
 Signature of Witness

X _____
 Signature of Owner (if different than insured)

X _____
 Signature of Agent

 Agent Number