Federal Life Insurance Company

PO Box 147 • Lincolnshire, Illinois 60069
(800) 233-3750 • www.federallife.com

Contract Change Form

Contract # (s) _____ Owner Name _____ Date of Birth _____

1. **CHANGE NAME of:** ❑ Owner ❑ Insured *(Provide legal evidence)*

Reason for change: ❑ Marriage ❑ Divorce ❑ Correction ❑ Adoption ❑ Other Legal change date _____

_____ _____

Former Name (Please Print) New Name (Please Print)

2. **DIVIDENDS** ❑ Change my option for future dividends to ❑ Cash ❑ Reduce Premium ❑ Accumulate at Interest
❑ Paid-up Additions ❑ Surrender (❑ all or $ _____) of dividends on deposit.
❑ Apply $ _____ to (❑ premium or ❑ loan) on contract #._____ and send the remainder to me.

3. **NON-FORFEITURE** ❑ Reduced Paid Up Insurance ❑ Extended Term Insurance Face Amount $ _____
Effective Date _____

4. **BENEFITS & RIDERS**

Add	Remove		Add	Remove	
❑	❑	Children's Term Rider	❑	❑	Waiver of Premium
❑	❑	Accidental Death Benefit	❑	❑	_____

- If adding a benefit or rider, call Customer Service at ext. 503 to see which additional forms are required.

5. **CONTRACT**
❑ CONVERSION
❑ CHANGE

Plan to _____ Face Amount to $ _____ Effective date _____
Premium mode _____ Dividend Option _____
Automatic Premium Loan ❑ Yes ❑ No Planned Periodic Premium (Universal Life Only) $_____
Indicate all BENEFITS AND RIDERS to be added or retained.

- If increasing the face amount on a Universal Life contract, call Customer Service at ext. 503 to see which additional forms are required.
- If converting existing contract, complete Beneficiary Form L-5514 .

6. **OTHER**

Signature of Owner Printed Name of Owner State Date

Signature of Spouse of Owner (If applicable) Spouse's signature required in the following states: AZ, ID, LA, NV, NM, TX, WA, WI

Signature of Agent (If applicable) Agent Code Date

Clear Form