



Federal Life Insurance Company (Mutual)

3750 West Deerfield Road • Riverwoods, Illinois 60015 • www.federallife.com

(800) 233-3750 • (847) 520-1900

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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Children's Term Rider | <input type="checkbox"/> | <input type="checkbox"/> | Waiver of Premium |
| <input type="checkbox"/> | <input type="checkbox"/> | Accidental Death Benefit | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

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

5. **CONTRACT** Plan to _____ Face Amount to \$ _____ Effective date _____

CONVERSION Premium mode _____ Dividend Option _____

CHANGE 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 Agent (If applicable) _____ Agent Code _____ Date _____