UNITED LIFE
INSURANCE COMPANY

PO Box 758596, Topeka, KS 66675-8596
800-982-9216 • Fax 785-368-1383 • www.unitedlife.com

REQUEST FOR CHANGE OF POLICY

Policy No. _____ Insured/Annuitant

_____ The UNITED LIFE INSURANCE COMPANY is hereby requested to make the change(s) indicated below.

1. I wish to **delete** the following coverage(s): **(For additions, complete current application)**

- ❑ Accidental Death Benefit Rider
- ❑ Children's Insurance Rider
- ❑ Scheduled Increase Option Rider
- ❑ Term Rider (Post 1-1-85 Issues Only)
- ❑ Cost of Living Rider
- ❑ Disability Premium Payment Rider/DWC
- ❑ Spouse Insurance Rider/Other Insured
- ❑ Disability Income Rider (Post 1-1-85 Issues Only)
- ❑ Qualified Care Accelerated Death Benefit Rider
- ❑ Other

2. I wish to reduce the face amount of insurance on this policy to $ _____
Important! The federal government limits the amount of money you can pay into a universal life insurance policy. Reducing coverage on an existing Universal Life policy could potentially put the policy into guideline violation. For more information, see the statement on the second page.
A copy of a reproposal must be included with this request. Contact marketing at 800-637-6318 for a reproposal. (Refer to your policy for the minimum amount allowed.)

3. I wish to change the annual total premium payment to $ _____

I wish to pay the premium ❑ annually ❑ semi-annually ❑ quarterly ❑ monthly electronic funds transfer ❑ monthly direct billings

4. I wish to change the name of the Insured/Annuitant to: _____
(Refer to instruction #1 on reverse).

5. I wish to change the policy from:

- ❑ Option 1 to Option 2, according to the Terms of the Policy. (Face amount will be reduced by the amount of the current cash value.)
- ❑ Option 1 to Option 2 and maintain the current face amount. (Please complete the Statement of Good Health. Further evidence of insurability may be required.)
- ❑ Option 2 to Option 1.

IMPORTANT: WHEN CONSIDERING A CHANGE IN POLICY FACE AMOUNTS OR OPTIONS YOU SHOULD CONSULT YOUR AGENT REGARDING POSSIBLE CONSEQUENCES. (If your agent is unavailable, our Customer Service Department will be happy to assist you.)

This change shall take effect only after this request is approved by the Company at its Home Office. It is agreed that this request will become a part of the policy after the change.

THE FOLLOWING SHOULD SIGN THIS REQUEST:

OWNER	ALL IRREVOCABLE BENEFICIARIES *(if applicable)*
OWNER	ANY COLLATERAL ASSIGNEE *(must always sign)*
OWNER	WITNESS
OWNER	DATE 20 _____

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE SIGNING

1. The signature of the Owner and/or Insured, which must be in ink, should appear exactly as the name is given in the policy. If a woman has changed her name by marriage since the policy was issued, her husband's surname should be added to her name as given in the policy.
2. If the policy is owned by a partnership, the name of the partnership should be written above the signature space, followed by the signatures of all partners, each designated as "partner."
3. If the policy is owned by a corporation, the name of the corporation should be written above the signature space, followed by the signature of an officer authorized by the Board of Directors of the corporation to sign for the corporation. A certified copy of a resolution adopted by the Board of Directors, may be required.
4. The person acting as a witness must sign on the line above the word "Witness."

IMPORTANT:! The federal government limits the amount of money you can pay into a universal life insurance policy. If the face amount is lowered too much, United Life may be required to immediately or in the future, force money out of the policy (the owner would receive a 1099 for any interest). As a result of this reduction in face amount, we require a copy of a reproposal accompany the change request. Please contact Marketing at 800-637-6318.

In some instances, the reduction in face amount may not be possible as requested. Other options may need to be considered.

Special Instructions: