

Nassau Life Insurance Company

Request for Policy Change

Policy Number _____ Date of Issue _____

Name of Insured _____ Effective Date of Change _____

Request is hereby made to change the above numbered policy as follows:

From:		To:	
1. Amount of Insurance (Basic Policy) \$ _____	2. Plan of Insurance (Basic Policy)	1. Amount of Insurance (Basic Policy) \$ _____	2. Plan of Insurance (Basic Policy)
3. Additional Benefits <input type="checkbox"/> Accidental Death <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> \$ _____ per month Family Income for _____ years <input type="checkbox"/> \$ _____ Family Protection <input type="checkbox"/> \$ _____ Guaranteed Insurability Option <input type="checkbox"/> \$ _____ Decreasing Term for _____ years <input type="checkbox"/> _____ Units of Family Insurance		3. Additional Benefits <input type="checkbox"/> Accidental Death <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> \$ _____ per month Family Income for _____ years <input type="checkbox"/> \$ _____ Family Protection <input type="checkbox"/> \$ _____ Guaranteed Insurability Option <input type="checkbox"/> \$ _____ Decreasing Term for _____ years <input type="checkbox"/> _____ Units of Family Insurance	
Remarks or Special Requests			

It is agreed that the requested change shall not be effective until this request is approved at the Home Office of the Company, the policy is amended and any additional premium due is paid to, and accepted by, the Company. It is further agreed that the original application, as amended by this request, will be considered as the application for the changed policy and that the Date of Issue referred to in the provisions of the changed policy relating to Incontestability and Suicide shall be the Date of Issue of the original policy.

Dated at _____ this _____ day of _____ 20_____

Signature of Insured _____

Signature of Owner _____
(If other than Insured)

Signature of Witness _____