



AMERICAN HERITAGE LIFE

A MEMBER OF THE ALLSTATE GROUP

Administrative Office:

P.O. BOX 19085

Greenville, South Carolina 29602-9085

Telephone: 800-880-1370 – Fax: 864-609-3444

POLICYOWNER SERVICE REQUEST FORM

PLEASE PROVIDE YOUR SOCIAL SECURITY NUMBER WHERE INDICATED

POLICY/CONTRACT NUMBER: _____

INSURED/ANNUITANT: _____

SOCIAL SECURITY #: _____

OWNER: _____

SOCIAL SECURITY #: _____

1. OWNER CHANGE – I hereby request that all ownership rights and privileges be transferred to:

PRINT FULL GIVEN NAME AND SURNAME	DATE OF BIRTH	RELATIONSHIP TO INSURED
NEW OWNER		

SOCIAL SECURITY NUMBER _____

ADDRESS OF NEW OWNER _____

NEW OWNER'S SIGNATURE _____

** A Change of Ownership of an annuity contract does create a taxable event. Please consult a qualified tax attorney or accountant with questions.*

2. NAME CHANGE Change name of Insured Owner Payor Beneficiary

FROM: Former Name – Please Print _____

TO: New Name – Please Print _____

Reason for Change _____

Provide a copy of the legal evidence _____

3. ADDRESS CHANGE

Change address of Insured Owner

Owner of Policy Number(s) _____

New Address (Please Print)

(Number & Street)			
City	County	State	Zip Code

4. POLICY LOAN Full Loan Value Amount \$ _____ Gross Net (Net=After Interest Deduction)

If Applicable Include loan value of dividends, coupons or endowments

1 Policy is assigned to the company as sole security of the loan

2 Interest is payable as specified in contract. If interest not paid when due, it shall be added to the principal and bear interest at the same rate

SPECIAL MAILING INSTRUCTIONS: _____

Mail to: Agent _____

Policy/Contract Owner _____

5. WITHDRAWALS

I request a withdrawal for a net amount of \$ _____ (Actual Amount of Check)

The withdrawal may be subject to federal income tax withholding unless you elect not to have withholding apply. Please complete W-9 form and attach it.

For Universal Life policies that contain type 1 death benefit coverage, the amount of a withdrawal will lower the death benefit by the amount of the withdrawal

I elect to have 10% 20% 0% withholding made on my taxable distribution

6. PARTIAL SURRENDERS I request a Partial Surrender for a net amount of \$ _____ (Actual Amount of Check)
 I request a Partial Surrender for interest only. Mo. Quar SA Ann
 I request the 10% penalty free withdrawal (if applicable)
 The Partial Surrender may be subject to federal income tax withholding unless you elect not to have withholding apply. Please complete W-9 form and attach it.
 I elect to have 10% 20% 0% withholding made on my taxable distribution

7. DIVIDENDS/ ENDOWMENTS COUPONS
 Apply to:
 Dividends or endowments on deposit Coupon (Enclosed) Paid up additions
 To pay premiums due on Policy No _____
 Reduce loan on Policy No _____ Cash OR \$ _____

8. AUTOMATIC PREMIUM LOAN I hereby request that the automatic premium loan provision be added to this policy.

9. NON-FORFEITURE I hereby request that the cash value of this policy, less any existing indebtedness to the company, be added to:

<input type="checkbox"/> EXTENDED TERM INSURANCE			<input type="checkbox"/> PAID UP INSURANCE	
Amount	Expiry Date	Pure Endowment	Amount	Maturity Date

Supplementary benefits are to be cancelled in accordance with the policy, Pure Endowment, if any available, matures if the insured is living on the expiry date.

Additional requests or comments _____

I direct that any endorsement of the policy requested above be effected by return of this request with the company's acknowledgement. I agree that the company may waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.

Date _____

X

Witness (Please see below)**

Signature of Policy/Contract Owner

(If owned by a company, need two signatures and include title)

The undersigned agrees to the above requests and changes.

Signature of Assignee (If any)

Signature of Irrevocable Beneficiary (If any)

**Be sure to have the policyowner's signature witnessed by someone who is not a relative or beneficiary.

FOR ADMINISTRATIVE OFFICE USE ONLY	
RECORDED BY _____	DATED _____
AT GREENVILLE, SOUTH CAROLINA	
AMERICAN HERITAGE LIFE INSURANCE COMPANY	