



# Federal Life Insurance Company

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## 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 \_\_\_\_\_