



## New Business Change Request – Application Amendment

Primary Proposed Insured: Eric Gustafson

Policy Number: 002937350

### A Proposed Insured(s) Change(s)

#### Primary Proposed Insured

- Change Name to: \_\_\_\_\_  
Full Legal Name (First, Middle, Last, Suffix)
- Change DOB to: \_\_\_\_\_  
(mm/dd/yyyy)
- Change US Driver's License # to: \_\_\_\_\_  
(Attach copy of Driver's License)

#### Additional Proposed Insured

- Change Name to: \_\_\_\_\_  
Full Legal Name (First, Middle, Last, Suffix)
- Change DOB to: \_\_\_\_\_  
(mm/dd/yyyy)
- Change US Driver's License # to: \_\_\_\_\_  
(Attach copy of Driver's License)

### B General Change(s)

See section C for other plan specific changes

- Change Face Amount to: \$ 150,000  
(Increase in Face Amount may require additional medical requirements. Consult Minimum Underwriting Requirements chart.)
- Change Rate Class to:  

<i>FEUL/IUL/VT:</i>	<input type="checkbox"/> Platinum	<input type="checkbox"/> Platinum Choice	<input type="checkbox"/> Platinum Plus	<input type="checkbox"/> Platinum Elite
<i>FELVUL:</i>	<input type="checkbox"/> Standard	<input type="checkbox"/> Preferred	<input type="checkbox"/> Premier	
<i>ST/FESWL:</i>	<input type="checkbox"/> Select (Special-WA)	<input type="checkbox"/> Select Plus		
<i>FDT(MPP)/PWL:</i>	<input type="checkbox"/> Non-Nicotine			
- Add  Remove – Accelerated Benefit Rider – Terminal Illness (PA residents: Terminal Condition)
- Add  Remove  Change Amount – Accidental Death Benefit \$ \_\_\_\_\_
- Add  Remove  Change Amount – Children's Term Insurance Rider \$ \_\_\_\_\_
- Add  Remove  Change Amount – Other/Additional Insured Insurance \$ \_\_\_\_\_  
(Evidence of insurability may be required for adding any Additional Proposed Insured(s).)

- Nicotine
- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Gold                | <input type="checkbox"/> Gold Plus |
| <input type="checkbox"/> Standard            |                                    |
| <input type="checkbox"/> Select (Special-WA) |                                    |
| <input type="checkbox"/> Nicotine            |                                    |

### C Plan Specific Change(s)

#### Variable or Universal Life Plans

- Change to: Plan: \_\_\_\_\_ with a Death Benefit Option of:  Increasing/Variable or  Level, and  
(plan name or code number)  
a Planned Premium of: \$ \_\_\_\_\_ (Plan changes to Variable or IUL product; also complete appropriate Application Supplement)
- Change only to: Death Benefit Option  Increasing/Variable  Level
- Add  Remove – Automatic Increase Benefit
- Add\*  Remove – Chronic Illness Rider (\*Also complete Disclosure form) (Available only if ABR-TI is present.)  
(No more than one of the following are available at a time)
- Add  Remove – Waiver of Deduction
- Add  Remove – Owner Waiver of Deduction

