| Allstate Benefits | | American Heritage Life Insurance Company Allstate Benefits 1776 American Heritage Life Drive Jacksonville, Florida 32224 | | Telephone 1-800-521-3535 Facsimile 866-428-2517 www.allstateatwork.com |
|---|--|---|---|--|
| Agent Use Only – subject to AHL rules, send all items to be returned to: Agent Agent Name and Number | | | | |
| Policy Number(s) Policy Owner's Name Insured's Name if different than Owner | | | | |
| | ress | (Street) | (Zip) | |
| | | | ne Number | (Cell or Work) |
| Email Agent Name and Number | | | | |
| 1.□ Policy Changes, Reductions or Removals | Indivision Indivision Indivision Indivision Social Add I Name Sex: Relation Redu Basicon Redu Redu | e to death of Insured, Name of I al Security Number Newborn child (if no underwritin e of Newborn I Male or I Female D tionship of Dependent to Priman tee the amount of insurance c Policy ince the number of Rider Units r Name ove the following Benefit Rider | alth policy due to New Insured ng required) ry Insured From: From: From number of U | Date of Birth |
| 2. ☐ Flexible Premium Payment Changes (FPA or UL only) | Place policy in non-billing status Place policy back in a premium payment status Change premium to \$ | | | |
| 3. ☐ Application for Duplicate Policy or Certificate | I certify that the above policy has been lost or destroyed and that said policy is not assigned, hypothecated, or pledged in any way whatsoever. I, therefore, request the issuance of a duplicate of said policy and agree that should the original policy be found or in any way come into my possession, I will return or cause the same to be returned to American Heritage Life Insurance Company, its successors or assigns. It is distinctly understood and agreed that the original policy shall become null and void immediately upon issuance of the duplicate policy herein requested. I also agree that if duplicate forms of the lost policy are not available, I will accept a Certificate of Lost Policy. | | | |
| 4. ☐ Other Instructions (Be specific) | | | | |
| I agree that my signature below shall apply to each request which has been checked on this form and I further agree that no request will be effective if not checked. | | | | |
| Policy Owner's Signature Required for all Requests Date | | | | |
| Joint Owner's Signature | | | | Date |
| Note: For Corporate Owner, provide corporation name, two officer's signatures and their titles. | | | | |
| Company Name Officer Signature/ | | | | Officer Signature/Title |