



Allstate

Workplace Division

American Heritage Life Insurance Company
Allstate Workplace Division
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 Owner

Agent Name and Number _____

Policy Number(s) _____ Policy Owner's Name _____

Insured's Name if different than Owner _____

Policy Owner Mailing Address _____
(Street) (Apt)

(City) (State) (Zip) Check if this is a new address

Home Phone Number _____ Alternate Phone Number _____ (Cell or Work)

Preferred contact number (Home or Alternate) and best time to call if possible _____ a.m. p.m.

Email _____

Name and Ownership Changes, Correspondence Requests and Beneficiary Change Request

1. Name and Social Security Number Change Request

Correct or add Social Security Number for (name of individual) _____

Social Security Number _____ (owner, insured or dependent)

**** Please provide a copy of your Social Security Card for verification and documentation purposes**

Change Name Of Insured Owner Payor

From: _____

To: _____

Reason for name change: Marriage Divorce (copy of Divorce Decree needed for documentation)

Other (specify) _____

(If the reason for the name change is other than marriage, a certified copy of the court order is required)

2. Transfer of Ownership (This option is to change from current owner to a new owner as contractually accepted)

(New Owner's full name) (Relationship to Primary Insured)

(Street) (Apt) (City) (State) (Zip)

(Date of Birth) (New Owner's Social Security Number)

(Contact Phone Number) (Email)

Please check here if change of ownership is due to the death of the current owner

3. Various Requests

Request Written Confirmation of Cash Value

Request Written Confirmation of Death Benefit

4. Other Instructions (Please be specific)

I agree that my signature below shall apply to each request which has been checked on both sides of 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/Title Officer Signature/Title

***** PLEASE SEE BACK OF FORM FOR BENEFICIARY CHANGE REQUEST *****

5. Change of Beneficiary

To be attached to Policy No. _____ on the life of _____.

The American Heritage Life Insurance Company (hereinafter called the Company) is hereby requested to revoke all prior beneficiary designations and optional methods of settlement, if any, and change the beneficiary of said policy as follows (**see below instructions**):

Primary: _____ Relationship: _____

First Contingent: _____ Relationship: _____

Second Contingent: _____ Relationship: _____

Unless otherwise provided herein, the proceeds shall be paid in a lump sum to the Primary Beneficiary, if living; otherwise to the First Contingent Beneficiary, if living; otherwise to the Second Contingent Beneficiary, if living; otherwise as provided in the policy. If there is more than one beneficiary designated either by name or class of the same rank (Primary, First Contingent or Second Contingent), payment shall be made in equal shares to all beneficiaries of such rank who survive the insured, unless otherwise provided herein. All references to "Beneficiary" herein shall apply to all beneficiaries of the same rank when there is more than one.

If this Request shall make any provision for children of any person as a class, the phrase shall include only lawful children of that person, including any legally adopted child, except as the term "child" or "children" shall be otherwise specifically defined in the Request.

The Company, in determining the persons comprising any class designated as beneficiary hereunder, or any facts relating to any person or beneficiary mentioned herein either as a class or otherwise, may rely solely upon proof by affidavit or other payment, be a valid discharge of the Company's obligation under this policy.

I hereby request that any provisions of said policy requiring that it be submitted to the Company for endorsement of change of beneficiary thereon be waived.

This change of beneficiary shall be valid only when recorded by the Company at its Home Office, but when so recorded shall take effect as of the date signed by the owner, without prejudice to the Company on account of any payment made or other action taken by the Company before such recording.

I make this change in accordance with the provisions of said policy and subject to the above conditions as well as any existing assignment; and, unless otherwise provided by me in this Request, I expressly reserve the right to again change the beneficiary at any time I may elect.

Dated at _____ this _____ day of 20_____.

I/We hereby consent to the foregoing

Signature of Owner

Witness

This space for Home Office Use only

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Date Recorded

By _____
Secretary

INSTRUCTIONS

- This form must be completed and forwarded to the Company. A copy, bearing date recorded and signed by the Secretary of the Company, will be returned to you. It should be filed with the policy as evidence of the change of beneficiary.
- Give first name, middle initial, last name and relationship, if any, of the beneficiary to the Insured. If it is an initial name, please state that it is.
- If the beneficiary is a married woman, give her name as "Mary E. Smith" for example, not "Mrs. John A. Smith".
- Neither the beneficiary nor any person interested in the policy may sign as witness.
- DO NOT SEND POLICY.
- To be completed and returned to the Home Office of the Company at 1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687.
- Forms cannot be accepted which contain corrections or erasures.