USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
(501) 375-7200 • (800) 648-0271

REQUEST FOR CONVERSION

Policy No. _____ Name of Insured _____

The undersigned hereby surrenders to USAble Life all rights under the _____
(Type of Policy/Rider)

and requests that a new policy be issued as indicated below.

INSTRUCTIONS CONCERNING NEW POLICY

Requested Effective Date _____ Amount $ _____

Plan _____

Premiums Payable: Amount $ _____

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly *(only available with Bank Draft)*

BENEFICIARY DESIGNATION

This will revoke any existing beneficiary designations you may have for these benefits.

PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at the death of Employee):

Name (First MI Last)	Address	SSN	Birthdate	Relationship	%

(Percentage must equal 100%)

SECONDARY BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):

Name (First MI Last)	Address	SSN	Birthdate	Relationship	%

(Percentage must equal 100%)

This application together with the application for the policy being converted shall form a part of the new policy. It is agreed that acceptance of any policy on this application is to be regarded as an acknowledgment that the same is satisfactory and shall constitute a ratification of the manner in which the policy is written and of any corrections, additions, or changes in this application made by us.

Dated at _____, this _____ day of _____, _____

_____ _____
Witness Policyowner