

Interstate Life Insurance Company

3750 West Deerfield Road • Riverwoods, Illinois 60015

(800) 233-3750 • www.interstatelife.com

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"/> Children's Term Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Waiver of Premium
<input type="checkbox"/> Accidental Death Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<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 C-5514 .

6. **OTHER**

Signature of Owner _____

Printed Name of Owner _____

State _____

Date _____

Signature of Agent (If applicable) _____

Agent Code _____

Date _____