U.S. FINANCIAL LIFE Insurance Co.

USFL
PO BOX 1419
Charlotte NC 28201-1419
Phone: 800-959-3894
Fax: 855-784-1586

# REQUEST FOR TERM POLICY CONVERSION

| Insured's Name | Date of Birth | Sex | Marital Status | Social Security No. |
|---|---|---|---|---|
| | | | | |

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|---|---|
| Address | Are you an US Citizen or a legal entity established under US law? ☐ Yes ☐ No |
| Insured's Email Address / Insured's Occupation | Insured's Telephone Number |
| Owner's Name (if different than Insured) | Owner's Date of Birth |
| Owner's Address | Owner's Taxpayer ID |
| Owner's Email Address | Owner's Telephone Number |
| Owner's Name (if different than Insured) | Owner's Date of Birth |
| Owner's Address | Owner's Taxpayer ID |
| Owner's Email Address | Owner's Telephone Number |
| Owner's Name (if different than Insured) | Owner's Date of Birth |
| Owner's Address | Owner's Taxpayer ID |
| Owner's Email Address | Owner's Telephone Number |

*Provide Term Policy #

"Make sure to complete if not converting the full face amount"

| ***Term Policy/Rider Converted** | **If Partial Conversion, Balance of Term Coverage is to be:** _____ Cancelled or _____ Retained |
|---|---|

| ***Plan of Insurance** | **Face Amount** | **Death Benefit Option** | **Premium Mode** | **Premium Amount** |
|---|---|---|---|---|
| | | | | |

**1. FIRST BENEFICIARY(IES)** if living, if not Please type or print full name and indicate the relationship to the insured person

Are any named beneficiaries a Viatical or Life Settlement Company? ☐ Yes ☐ No

Relationship to Insured _____ (Names of First Beneficiary(ies) _____ (Date(s) of Birth) (individual) _____

Beneficiary(ies) Residential Address or place of business _____

Percentage (%) of Benefits _____ Beneficiary(ies) SS#/EIN#/TIN# _____

Beneficiary(ies) Email Address _____ Beneficiary(ies) Telephone Number _____

| | |
|---|---|
| **2. SECOND BENEFICIARY(IES)** if living, if not Please type or print full name and indicate the relationship to the insured person | Are any named beneficiaries a Viatical or Life Settlement Company? ☐ Yes ☐ No<br>Relationship to Insured (Names of First Beneficiary(ies) (Date(s) of Birth) (individual)<br>Beneficiary(ies) Residential Address or place of business<br>Percentage (%) of Benefits Beneficiary(ies) SS#/EIN#/TIN#<br>Beneficiary(ies) Email Address Beneficiary(ies) Telephone Number |

| | |
|---|---|
| **FINAL BENEFICIARY** | If no beneficiary named above is living at the Insured's death, the beneficiary is the Insured's executors or administrators, unless checked:<br>☐ The executors or administers of the survivor or beneficiaries (the last designated beneficiary to die) |

Dated at _____ X _____
City State Signature of Insured

Date _____ X _____ X _____
Signature of Witness Signature of Owner (if different than insured)

X _____ X _____ X _____
Signature of Owner Signature of Owner Signature of Agent Agent Number