American Farmers & Ranchers Life Insurance Co.

P.O. Box 25968
Oklahoma City, OK 73125

Policy Number _____ Insured _____

I REQUEST THE FOLLOWING CHANGES AND/OR SERVICE AS FOLLOWS: (Please Print)

☐ **1. PLEASE CHANGE MY ADDRESS**

Present or Old Address

_____

_____

New Address (To which records should be changed)

_____

_____

☐ **2. CHANGE MY PREMIUM PAYMENTS TO:** Mode of Payment**:** ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

☐ Direct Billing ☐ Pre-Authorized Check/ Bankdraft *(please attach a voided check)*

Name of Financial Institution_____ Branch/City _____ St ____ Zip _____

Type of Account: ☐ Checking ☐ Savings Account No._____ Bank Routing No. _____

I authorize AFR Life and the financial institution named above to deduct insurance payments from my checking/savings account. If any deduction is not honored by my financial institution, the policies will be considered not paid. I may discontinue this payment plan by contacting AFR Life in writing. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

☐ **3. CHANGE NAME OF:** ☐ Insured ☐ Owner ☐ Payor (Complete change of address if necessary)

From: _____ To: _____

Reason for Change: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Correction ☐ Adoption ☐ Naturalized

(COPY OF LEGAL PAPERS NECESSARY)

☐ **4. ADD OR DELETE COVERAGE FOR:** ☐ Delete Child ☐ Delete Spouse
☐ Add Child (to existing CTR Rider) ☐ Add Spouse (attach new application – insurability requirements required)

Name: _____ Date of Birth: _____ SSN#_____

Reason for Change: ☐ Marriage ☐ Divorce ☐ Newborn ☐ Adoption ☐ Other

☐ **5. CHANGE OF BENEFICIARY**

I hereby revoke all previous beneficiary designations and I now direct that in the event of the death of the Insured hereunder the proceeds of this policy shall be paid to:

Primary Beneficiary:

Name _____ Date of Birth _____ Relationship to Insured _____ SSN#_____
First – Middle – Last

Address _____ City _____ State _____ Zip _____

Name _____ Date of Birth _____ Relationship to Insured _____ SSN# _____
First – Middle – Last

Address _____ City _____ State _____ Zip _____

If the primary beneficiary(ies) is(are) not living at the date of the death of the Insured we will pay the Contingent Beneficiary

Contingent Beneficiary:

Name _____ Date of Birth _____ Relationship to Insured_____ SSN# _____
First – Middle – Last

Address _____ City _____ State _____ Zip _____

Name _____ Date of Birth _____ Relationship to Insured_____ SSN# _____
First – Middle – Last

Address _____ City _____ State _____ Zip _____

If more than one beneficiary is named in any classification, payment shall be made to the survivors or survivor in equal shares at the date of the death of the Insured unless otherwise directed herein.

☐ **6. RELEASE OF POLICY ASSIGNMENT**

For value received, the undersigned assignee hereby releases all right, title, and interest in the policy. It is hereby further certified and declared that no proceedings in bankruptcy are pending against any person or party executing this release.

PLEASE SIGN ON OTHER SIDE

☐ **7. CHANGE OF OWNERSHIP** *(If a Trust is named, please provide the first page (showing name) and last page (indicating trustees) of Trust)*

I hereby transfer all rights and incidents of ownership in this policy and agree that he/she will have the privilege of exercising every right or option granted by this policy without my consent, including the right to change the beneficiary to:

Name: _____, SSN: _____ Date of Birth:_____ Relationship to Insured:_____

Address: _____ City _____ State _____ Zip _____

☐ **8. CONTINGENT OWNERSHIP DESIGNATION**

In the event that I, the undersigned and owner of this policy should meet an untimely death, and my death occurs before the Insured of this policy, I hereby designate the following individual to become the new owner of the policy and have the privilege of exercising every right or option granted by the policy without consent, including the right to name a new owner and change any beneficiary designations.

Name: _____, SSN: _____ Date of Birth:_____ Relationship to Insured:_____

Address: _____ City _____ State _____ Zip _____

☐ **9. REQUEST FOR PARTIAL SURRENDER OF POLICY**

$ _____ cash subject to policy specifications and requirements. The amount of any partial surrender will be deducted from the net cash value. The death benefit will be reduced by the amount of the partial surrender. The service charge is $25.00.

☐ **10. REQUEST FOR DUPLICATE POLICY**

This policy was lost or destroyed. If the policy is found later, the undersigned agrees to surrender the duplicate to the company without claim. The foregoing statements are made as an inducement for the issuance of a duplicate or substitute policy. The undersigned, his heirs and assigns, agree to indemnify and to hold the American Farmers & Ranchers Life harmless from all injury, loss or damage on account of the issuance by the company of any such duplicate or substitute policy, or by reason of any error or omission in the preparation of any such duplicate or substitute policy.

☐ **11. POLICY LOAN REQUEST (Policy is given as sole security and assignment of this policy loan)**

☐ $ _____ net cash or maximum (if less) ☐ Maximum loan amount available ☐ Other: $_____

☐ **12. POLICY SURRENDER REQUEST AND RELEASE** (Send Policy - If lost, complete #13)

I hereby surrender the above policy to the AMERICAN FARMERS & RANCHERS LIFE INSURANCE COMPANY of Oklahoma City, Oklahoma for cancellation in consideration of the payment to me by said Company of its surrender value. In the event surrender of the above policy is not completed and settlement made within the exact period and time limit specified in the policy, this is to request that the Company accept surrender upon receipt of this release, which shall constitute my specific request therefor.

In consideration of the surrender value and acceptance of such surrender by the Company, I hereby acknowledge full and complete satisfaction of any and all claims upon or under said policy, and do hereby release and discharge the Company from any and all liability of whatsoever character on account of said policy including all supplement contracts and agreements pertaining thereto and any and all transactions in connection therewith. It is further understood and agreed that this agreement to surrender and cancel supersedes the policy contract itself and that such policy contract, including all supplement contracts and agreements pertaining thereto and any and all transactions in connection therewith, is null and void as of this date. I further certify that this policy has not been assigned, pledged nor hypothecated to any individual, firm or other legal entity.

☐ **13. RELEASE OF POLICY**

The above policy has been lost, mislaid or destroyed and I have been unable to find it after diligent and careful search and inquiry. To the best of my knowledge, information and belief, no person other than myself and _____ has acquired an interest in the said policy or its proceeds either by an assignment or by any other manner. I release the Company from further claim under this policy and agree, in case the policy is found, to have it surrendered and delivered to the Company.

NOTICE: This request must be signed by the Policy Owner and a Witness. With the exception of an address change only in Item 1, all changes and/or service requests will require a witnessed signature by an AFR Agent or a Notary Public. Irrevocable beneficiaries and assignees, if any, are required to join in the execution of this instrument.

Dated at _____ this _____ day of _____ 20 _____
(City, State)

AFR Agent Agent Number

Policy Owner SSN#

Irrevocable Beneficiary

Assignee

Sworn and subscribed before me this _____ day of _____, 20____

(seal or stamp)

_____ My Commission Expires: _____
Notary Public

The above request is hereby acknowledged and accepted by AMERICAN FARMERS & RANCHERS LIFE INSURANCE COMPANY.

Date: _____ Authorized Company Officer: _____

AF&R 13-003