Allstate Benefits

American Heritage Life Insurance Company
Allstate Benefits
1776 American Heritage Life Drive
Jacksonville, Florida 32224

Telephone 1-800-521-3535
Facsimile 866-428-2517
www.allstatebenefits.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)

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

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 *****