

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

	ubject to AHL rules, send all items to be returned to: ☐ Agent ☐ Owner
Agent Name and Nu	ımber
Policy Number(s)	Policy Owner's Name
Insured's Name if di	ifferent than Owner
Policy Owner Mailin	g Address(Street) (Apt)
	(Street) (Apt) ☐ Check if this is a new addres
(City)	(State) (Zip)
	er Alternate Phone Number (Cell or Work mber (Home or Alternate) and best time to call if possible a.m. p.m.
Email	
	Name and Ownership Changes and Correspondence Requests
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)
	☐ Change Name Of ☐ Insured ☐ Dependent ☐ Owner ☐ Payor
	From:
	To:
	Reason for name change: ☐ Marriage ☐ Divorce ☐ Legal Name Change ☐ Misspelled Name Correction
	☐ Other (specify)
2. ☐ Transfer of	, ; , , , , , , , , , , , , , , , , , ,
Ownership (This option is to change from current owner to a new owner as	(New Owner's full name) (Relationship to Primary Insured)
	(Street) (Apt) (City) (State) (Zip)
	(Date of Birth) (New Owner's Social Security Number)
contractually accepted)	(Contact Phone Number) (Email)
,	☐ Please check here if change of ownership is due to the death of the current owner
3. □ Various	☐ Request Written Confirmation of Cash Value
Requests	□ Request Written Confirmation of Death Benefit
4. ☐ Other	
Instructions	
(Please be specific)	
	ture below shall apply to each request which has been checked on both sides of this form and I further twill be effective if not checked.
Policy Owner's Sign	nature Required for all Requests Date
Joint Owner's Signa	ature Date
	e Owner, provide corporation name, two officer's signatures and their titles.
Company Name	Officer Signature/Title Officer Signature/Title