

Vantis Life Insurance Company

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Policy Change Request Form

◆ GENERAL INFORMATION

(Please Print)

Name of Insured	Phone Number	Policy Number
Name of Owner	Phone Number	

◆ CHANGE OF ADDRESS

<input type="checkbox"/> Owner <input type="checkbox"/> Insured	Address (Number, Street)	City	State	Zip	Phone Number
	Effective Date of Change				

◆ CHANGE OF NAME

<input type="checkbox"/> Owner <input type="checkbox"/> Insured <input type="checkbox"/> Other (please specify)	From _____	To _____
	Reason for change? <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court Order <input type="checkbox"/> Other (please specify) _____	
	Former Signature _____	New Signature _____
	1. For all name changes other than by marriage or divorce, attach a certified copy of the legal document (such as a court order, adoption papers) . Change cannot be processed without such proof.	
	2. If name is that of a corporation, submit certified resolution of the board of directors authorizing name change, and copy of document indicating change officially recorded with state of incorporation.	

◆ CHANGE OF DIVIDEND OPTION

<input type="checkbox"/> 1) Paid by Check	<input type="checkbox"/> 2) Reduce Premium	<input type="checkbox"/> 3) Purchase Paid-Up Additions
<input type="checkbox"/> 4) Accumulate at Interest	<input type="checkbox"/> 5) Purchase One Year Term	<input type="checkbox"/> 6) Reduce Policy Loan
If changing from 4 to 3, will accumulated dividends be used to purchase paid-up additions? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", accumulations will be left as a secondary dividend option to accumulate at interest.		
If you wish to withdraw accumulations, complete Surrender of Dividend section.		

◆ DECREASE AMOUNT OF INSURANCE

New Amount \$ _____	Effective Date _____ (Home Office Use Only)
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◆ MODE CHANGE

<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly	Effective Date _____ (Home Office Use Only)
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◆ **PAID-UP INSURANCE**

Are dividend accumulations or paid-up additions being used to purchase a paid-up policy?

Yes No

If Yes, Enter Amount \$ _____

Effective Date _____
(Home Office Use Only)

◆ **POLICY LOAN**

I hereby apply for a loan on my policy in accordance with the policy's loan provision.

Amount \$ _____

New Loan Balance \$ _____
(Home Office Use Only)

◆ **SURRENDER OF DIVIDEND**

Surrender Accumulations Having a value of \$ _____

Surrender Additions Having a value of \$ _____

Withdraw dividend to pay premium EACH YEAR.

Dividend Paid to me:

Paid to me by check

Used to pay premium

Used to reduce policy loan

Used to pay loan interest

◆ **MISCELLANEOUS (Use this space for other changes and service requests)**

◆ **DISCLOSURE AND SIGNATURES**

I have reviewed the completed information and it correctly reflects my intended changes. I also certify that, under penalty of perjury, the Social Security Number shown below is my correct number. Any change indicated above will become effective on the date this form is signed, provided this form has been properly executed upon receipt. Social Security Number _____

Legal Signature of Current Owner _____ Date _____

*Signature of Authorized Individual _____ Date _____

Agency _____ Branch# _____ Producer # _____

As* New Owner Assignee Irrevocable Beneficiary
 Power of Attorney** Conservator**

** Certified copy of Appointment required

Affix Notary Seal or Stamp

State of _____

County/City of _____

On this _____ day of _____, 20_____,

before me, personally appeared _____,

known to me or satisfactorily proved to me to be the person who signed this document and acknowledged that he/she executed the document.

Notary Public: _____ My commission expires: _____