

Banner Life Insurance Company 3275 Bennett Creek Avenue Frederick, Maryland 21704 (800) 638-8428

POLICY CHANGE FORM

(Inforce Policies Only)

Insured's Name	Policy Number (Required)
Policy Owner Name	Owner's Cell Number
Owner's E-mail	Owner's Home Number
Changes in Coverage	
Please complete your request b	OW.
Decrease Specified Amoun	f Base Coverage Rider
New Specified Amount (if a	wed by the contract) \$
Cancel Existing Rider or Be	
Change Death Benefit Option	to Type B / Level (for Universal Life policies only)
Changes in Payment Mode	
Annual Direct Billing	and frequency. For Universal Life policies, please specify the premium amount. Semi-Annual Direct Billing Quarterly Direct Billing
	sal Life policies only; signed illustration required) \$
	premiums by calling (800) 638-8428 for Banner or (800) 346-4773 for William Penn policies ar k routing and account numbers. For added convenience, save your bank account information onlir
text will be sent if the premium is	ges at www.LGAmerica.com to receive a text reminder 5 days prior to the due date. An addition to paid 15 days after the due date. Pay the premium via text or simply use it as a reminder. Does to due notifications and pay the premium via the wallet app on your smart phone Apple Wallet.
	roid. Make your selection on the Profile page at www.LGAmerica.com .
Changes in Payor	
Change existing payor	Add additional payor
Payor Name	Tax ID #
Address	
	State Zip
Relationship to Insured	Reason for Change
Lost Policy Request	
Please select one.	
Please send a complete du	cate policy. * Please send a Confirmation of Coverage letter.
·	r 2014 are available on our website at <u>www.LGAmerica.com.</u> 2014, please enclose a \$25.00 processing fee.
Required Signatures	
Policy Owner Signature	Date
	Date
Printed Name of Additional Signature	

** AZ, CA, ID, LA, NV, NM, TX, WA, WI, and Puerto Rico are community property law states. These laws may apply depending on your current marital status, marital status at the time of policy issuance, state where your policy was issued, residence state at time of issuance, and residence state(s) since issuance. Consult with your legal or tax advisor to determine whether these laws apply to you and whether a spousal signature is required on this form. Banner Life Insurance Company disclaims any responsibility for determining the applicability of community property laws or the validity of the requested change.