

Contract Number: _____ Issued on the life of: _____

REQUEST SUBMITTED BY THE POLICYHOLDER

Request is hereby submitted to the Insurer to change the above-mentioned policy as follows:

Warning to the policyholder

This warning applies to you if the change to a benefit you are requesting results in a premium reduction and if this benefit provides for the reimbursement of premiums in case of death or the payment of a cash surrender value corresponding to a portion of the premiums paid. If such is your case, please be advised that the reimbursement or the payment will be calculated based on the reduced premium resulting from the change, retroactively to the original effective date of the benefit concerned.

It is hereby recognized that (1) this request, along with any form of evidence of insurability filed with the Insurer, shall serve as a basis for the change requested above and shall form an integral part of the policy, and that (2) the suicide clause and the incontestability clause contained in the general policy provisions shall apply to any additional benefit attached to the policy as a result of this request, except that the period stated in each of these clauses shall henceforth be calculated from the effective date of the change. Item (2) does not apply in the case of a cancellation or a reduction of benefit.

The Insurer is authorized to make the requested change using the method it most commonly uses or which it deems appropriate, that is by adding an endorsement to the policy or by issuing a new policy.

This _____ 20_____ _____
 Policyholder's signature

This _____ 20_____ _____
 Witness to the Policyholder's signature

This _____ 20_____ _____
 *Assignee or irrevocable beneficiary

This _____ 20_____ _____
 Witness to the assignee or
 irrevocable beneficiary's signature

* If the contract has been assigned, the assignee's signature is required.