

APPLICATION FOR CHANGE TO FIDELITY SECURITY LIFE INSURANCE COMPANY

Policy/Certificate No. _____ Primary Insured Name _____

Address _____ Apt _____ Phone Number _____

City _____ State _____ Zip _____ Email Address: _____

Basic Coverage (Current)

Face Amount _____ Date of Issue _____ Issue Age _____

Plan of Insurance _____ Benefits/Riders _____

Requested Effective Date of Change: _____

Monthly Amount for Insurance Premium: \$ _____

Monthly Amount for Annuity: \$ _____

Monthly Amount for Mutual Fund Contribution: \$ _____

Monthly Custodial Fee & Associations Dues: \$ _____ 6.00

Monthly Total: \$ _____

Additional Comments, Information or Changes: _____

I (we) hereby agree that, in further consideration of the change specified above: (1) I (we) hereby release and surrender to said Company all right, title, and interest in and to its additions, if any, accepting in lieu thereof a policy/certificate changed as above requested, (2) this application is an amendment to and shall form a part of the original application for said policy/certificate, and such original application as amended shall form a part of the changed; (3) application shall not be binding upon said Company until approved at its Home Office; (4) I (we) shall furnish such evidence of the present insurability of the insured and/or the application under said policy/certificate as may be required by said Company.

ACKNOWLEDGEMENT

I understand that the Endowment Value payable at the end of the tenth policy year will be based on the current face amount of the policy/certificate, less any indebtedness. If I am applying for a reduction in face amount, I understand that I may lose part of the Endowment Value payable due to my reduction in the face amount.

Signed at _____ this _____ day of _____
(City, State) (Date) (Month) (Year)

(Witness)

(Insured)

(Owner Signature, if other than Insured)

(Payor Signature, if other than Insured)