



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
 cinfin.com ■ 513-870-2000

POLICY CHANGE FORM

Insured Name _____
 Policy Number _____ SS# _____ Date of Birth _____

Change Base Policy

PLEASE NOTE: Applying for an increase in specified amount, adding an optional benefit rider (excluding Accelerated Benefit Rider) or requesting rate reduction requires completion of a full application.

- Reduce Face Amount to \$ _____
 If Universal Life, change to Option A Option B (If option B, requires completion of full application)

Request for Addition(s)/Deletion(s)

- | | | |
|--------------------------|--------------------------|--|
| Add | Delete | |
| <input type="checkbox"/> | <input type="checkbox"/> | Accelerated Benefit Rider |
| <input type="checkbox"/> | <input type="checkbox"/> | Long Term Care Facility/Waiver of Surrender Charge Rider |
| | <input type="checkbox"/> | Accidental Death Benefit |
| | <input type="checkbox"/> | Chronic Illness Rider |
| | <input type="checkbox"/> | Children's Term Rider |
| | <input type="checkbox"/> | Guaranteed Purchase Option |
| | <input type="checkbox"/> | Paid-Up Life Rider |
| | <input type="checkbox"/> | Waiver of Monthly Deduction |
| | <input type="checkbox"/> | Waiver of Premium |

- Activate Automatic Premium Loan Other _____

Exercise Guaranteed Purchase Option

Plan _____ \$ _____ Amount of Insurance _____ Effective Date (Anniversary date of options) _____

\$ _____ New Premium \$ _____ Amount Collected

Payment Method: Bank Draft Direct Bill Payroll Deduction (new authorization form required)

Payment Mode: Annual Semi-Annual Quarterly Monthly

Ownership Designation (Please attach a required W-9 if completing this section.)

If a trust is designated, please state the date of the trust _____

I transfer or designate all my rights, title and interest as owner of the above policy to:

Primary Owner:

Name _____	Relationship _____	SS# _____	Date of birth _____
------------	--------------------	-----------	---------------------

Street Address or P.O. Box _____	City _____	State _____	ZIP Code _____
----------------------------------	------------	-------------	----------------

Contingent Owner, to become owner upon death of above-stated owner:

Name _____	Relationship _____	SS# _____	Date of birth _____
------------	--------------------	-----------	---------------------

Street Address or P.O. Box _____	City _____	State _____	ZIP Code _____
----------------------------------	------------	-------------	----------------

Transfer is subject to any loan or advance made by the Company on the security of the policy and to the rights of the Company in connection therewith and to any assignment of the policy in force and on file with The Cincinnati Life Insurance Company. I declare that no insolvency or bankruptcy proceedings are pending against me and that I have not executed any assignment not on file with The Cincinnati Life Insurance Company.

Beneficiary Change/Designation

If a trust is designated, please state the date of the trust _____

Please review the terms of the beneficiary designation before completing. If multiple beneficiaries are being named, unless otherwise stated, the designation will be Share and Share Alike. If the beneficiary split is other than Share and Share Alike, it should be reflected in the percentages and equal 100 percent.

Primary Beneficiary (include name and address)	Relationship	SS#	% Benefit

Contingent Beneficiary (include name and address)	Relationship	SS#	% Benefit

(If additional space is needed, a separate sheet can be attached. Please date, sign and witness both forms.)

All previous beneficiary designations and settlement options are hereby revoked and the above designation is made. It is understood that the company shall not be bound by any trust, deed or partnership agreement and shall not be liable for the application of the proceeds of the policy by any trustee beneficiary or any other person.

Signature Section

This is to be completed and signed by the current owner (and new owner, if applicable); and if there currently is an irrevocable beneficiary, the form must be signed by the irrevocable beneficiary in order to process a request for beneficiary or ownership change. If the current owner is deceased, it will be necessary for the executor or administrator of the estate to complete and sign the form and return it along with a copy of the probate papers. The form is to be witnessed by someone other than the new beneficiary or new owner.

I (WE) HAVE READ THE STATEMENTS AND ANSWERS IN THIS POLICY CHANGE FORM. TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF, THEY ARE COMPLETE AND TRUE.

Signature of Owner (If business, print company name and have officer sign with title.)

Date

Witness Signature or Licensed Agent and Agent code #

Date

Signature of New Owner, if not Current Owner of Policy

Date

Signature of Irrevocable Beneficiary, Loan Officer, Title

Date