



**Allstate**  
Benefits

American Heritage Life Insurance Company  
Allstate Benefits  
1776 American Heritage Life Drive  
Jacksonville, Florida 32224

Telephone 1-800-521-3535  
Facsimile 866-428-2517  
www.allstateatwork.com

Agent Use Only – subject to AHL rules, send all items to be returned to:  Agent  Owner  
Agent Name and Number \_\_\_\_\_

Policy Number(s) \_\_\_\_\_ Policy Owner's Name \_\_\_\_\_

Insured's Name if different than Owner \_\_\_\_\_

Policy Owner Mailing Address \_\_\_\_\_ (Street) \_\_\_\_\_ (Apt)

\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  Check if this is a new address

Home Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_ ( Cell or  Work)

Preferred contact number ( Home or  Alternate) and best time to call if possible \_\_\_\_\_  a.m.  p.m.

Email \_\_\_\_\_ Agent Name and Number \_\_\_\_\_

**Notice to Policyholder:** Funds released when borrowing, surrendering, or withdrawing any policy values may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the policy.

1.  **Universal Life Partial Withdrawal or Annuity Partial Surrender (Processed from Cash Value Only)**

- Request a partial fund withdrawal of \$ \_\_\_\_\_ or the maximum amount allowed by the policy if less than the requested amount
- Request the maximum allowed by the policy  
\* Under the Universal Life Policy, the death benefit and cash value will be reduced by the amount of the partial surrender. Service fees will be deducted from the cash value.  
\* If a taxable gain applies, please complete section 6 "Notice of Withholding on Distributions or Withdrawals". If you are unsure if this applies, you may complete section 7 as a precaution.

2.  **Policy Loan (Processed from Cash Value Only)**

- Request a cash policy loan of \$ \_\_\_\_\_ or the maximum amount allowed by the policy if less than the requested amount
- Request the maximum allowed by the policy  
\* This loan plus any other debt owed American Heritage Life Insurance Company is the first lien against the policy values. There are no proceedings in bankruptcy pending against any owner signing this form.  
\* Policy loans accrue interest. An interest statement will be mailed annually on the policy anniversary date until paid in full.

3.  **Change from Loan to PFW**

- Request to change the current outstanding loan balance into a Partial Fund Withdrawal

4.  **Policy Cancellation**

- Cash Surrender Request For Cancellation (please return policy with request if available). In consideration of and in exchange for the cash value, the above named policy issued on the life of \_\_\_\_\_, is hereby surrendered for cancellations. In accordance with the terms of the policy it is hereby agreed that any debt thereon to the Company will be deducted from the cash value.
- Policy is enclosed with request
- Policy has been lost or destroyed and is not assigned, hypothecated or pledged in any other way whatsoever

5.  **Maturity Request**

- Maturity Request**
- Elect option number \_\_\_\_\_ as stated in my contract  
Payments to be made  Monthly  Semi-Annually  Annually
  - Change maturity date to \_\_\_\_\_
  - Change maturity age to \_\_\_\_\_
  - Lump sum

6.  **Guaranteed Option Requests**

- Change Automatic Option to (if applicable):  Reduced Paid-Up  Extended Term
  - Stop Premium and Adjust Coverage to (if applicable):  Reduced Paid-Up  Extended Term
- \*supplemental benefits cancel when premiums stop

I agree that my signature below shall apply to each request which has been checked on both sides of this form and I further agree that no request will be effective if not checked.

Policy Owner's Signature Required for all Requests \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: For Corporate Owner, provide corporation name, two officer's signatures and their titles.**

\_\_\_\_\_  
Company Name \_\_\_\_\_ Officer Signature/Title \_\_\_\_\_ Officer Signature/Title \_\_\_\_\_

