

## 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

	AHL rules, send all items to be returned to: Age	ent 🛘 Owner	
Policy Number(s)	Policy Own	ner's Name	
Insured's Name if different that	an Owner		
	_		
	(Street)	(Apt)	
(City)		Zip)	
		er (□ Cell or □ Work)	
	ome or Alternate) and best time to call if possible		
	Agent Name and Number	ing 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	policy if less than the requested amount	or the maximum amount allowed by the	
Partial Surrender	☐ Request the maximum allowed by the policy		
(Processed from Cash	* Under the Universal Life Policy, the death benefit and cash value will be reduced by the amount of the		
Value Only)	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		or the maximum amount allowed by the policy if	
	less than the requested amount		
Value Only)	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.		
		ment 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		
□ Policy Cancellation  □ Cash Surrender Request For Cancellation (please return policy with request if available). In consi 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 again any debt thereon to the Company will be deducted from the cash value.		e named policy issued on the life of, ordance with the terms of the policy it is hereby agreed that	
	☐ Policy is enclosed with request		
	<ul> <li>Policy has been lost or destroyed and is not ass whatsoever</li> </ul>	igned, hypothecated or pledged in any other way	
5. ☐ Maturity Request	*****		
	☐ Elect option number as stated in my contract		
	Payments to be made  Monthly  Semi-Annual	•	
	☐ Change maturity date to	_	
	☐ Change maturity age to ☐ Lump sum		
6 □ Guarantood Ontion	☐ Change Automatic Option to (if applicable): ☐	Reduced Paid-Lin	
6. ☐ Guaranteed Option Requests	, , , , ,	•	
•	☐ Stop Premium and Adjust Coverage to (if applicable): ☐ Reduced Paid-Up ☐ Extended Term		
	*supplemental benefits cancel when premiums s	·	
I agree that my signature below request will be effective if not ch		I on both sides of this form and I further agree that no	
Policy Owner's Signature Required for all Requests Date		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	

AWD092CSS-1 (10/10)

7.	tions or Withdrawals (only complete if taking a	Universal Life Partial Withdrawal or Annuity
	ct to Federal income tax withholding on the portion nce Company withhold the tax or report it yourself.	
	withheld, you are liable for payment of the tax on stimated tax rules if your payments of estimated tax	
Note: Due to Internal Revenue Service	authorization below if you are NOT subject to large requirements concerning taxpayer identification ompleted prior to distribution. Check to be sure the	n number verification and backup withholding
following certifications are required to Under penalties of perjury, I certify the second of the sec	and remit to the Internal Revenue Service a to avoid backup withholding order. hat: mber shown on this form is my correct taxpayed holding because: (a) I am exempt from backue (IRS) that I am subject to backup withholding otified me that I am no longer subject to backu	er identification number (or I am waiting for a p withholding, or (b) I have not been notified g as result of a failure to report all interest or p withholding, and
Sign here:	Date:	☐ Check here if address is new.
Street Address:	City:	
Telephone Number: ()	Taxpayer Identification Number:	
	ELECTION (Applicable only if not subject to backup withhold	ding)
☐ I <u>DO</u> want Federal income tax withheld	from my distribution.	
☐ I <u>DO NOT</u> want Federal income tax with	hheld from my distribution.	
Owner's Signature	 Da	te