



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428

Change - For Policy No. _____

Cash With Application _____

POLICY CHANGE FORM (NON-MEDICAL CHANGES)

SECTION ONE

☐ Decrease Specified Amount
New Specified Amount _____
(Not allowed within first policy year)

☐ Death Benefit Option Change
From Type A (increasing amount) to
Type B (level amount)

☐ Death Benefit Option Change
From Type B (level amount) to
Type A (increasing amount)

☐ Change in Planned Premium for Universal Life
Policies
New Amount _____ Mode _____

Lost Policy Request (check a box)

☐ Please send a Statement of Insurance Coverage

☐ Please send a complete duplicate policy (\$25 fee).
Reason for duplicate policy _____

☐ Deletion of Coverage
Please indicate Rider or Benefit to be Deleted

☐ Change in Frequency of Payment

☐ Annual ☐ Semi-Annual ☐ Quarterly

☐ Monthly ☐ PAC * ☐ List Bill

* PAC Card and Void Check Required

Draw date will be policy date unless specific
date is shown here _____ (1-28 only).

☐ Other (special request)

SECTION TWO

(Complete with Insured Information)

Insured's Name _____

Insured's Address _____

City _____ State _____ Zip _____

Social Security Number _____

SECTION THREE

(Complete with Owner Information if other than the Insured)

☐ Check here if Insured is the Owner of the policy, otherwise complete Section Three.

Owner's Name _____

Owner's Address _____

City _____ State _____ Zip _____

Social Security Number _____

Witness _____ Signature of Policyowner _____

Date _____ Address _____

City _____ State _____ Zip Code _____

Agent Name and Number _____

ENTITLEMENT FORM

Policy No. _____ Name of Insured _____

Instruction: Complete only the appropriate section and sign at the bottom of the form.

SECTION ONE

I. BENEFICIARY CHANGE SECTION (This supercedes all previous designations).

☐ I elect to change the Beneficiary Designation to the following:

Primary

Name _____

Relationship _____

Address _____

Contingent

Name _____

Relationship _____

Address _____

SECTION TWO

II. NAME CHANGE SECTION

☐ I elect to change the Name of the ☐ Insured ☐ Owner to the following:

Name before change _____

Name after change _____

Date of change _____

Reason for change ☐ Marriage ☐ Divorce ☐ Adoption

☐ Other (Explain) _____

SECTION THREE

III. OWNERSHIP CHANGE SECTION

☐ I elect to change the Policyowner of this contract to the following:

New Owner _____ Address of new owner _____

Social Security # _____

Signature of new owner _____

Please Note: Current owner MUST sign below to request this ownership change.

SECTION FOUR

IV. ADDRESS CHANGE SECTION

Name of Premium Payor _____

Address _____

City _____ State _____ Zip _____

Witness _____ Signature of Policyowner _____

Date _____ Address _____

HO Approval _____ City _____ State _____ Zip Code _____