

Policy Number

Insured's Name	Social Security Number	Email Address
Owner's Name	Social Security Number	Email Address

- 1. AUTOMATIC POLICY LOAN:** (For automatic premium payments from Policy Cash Values in the event of lapse)
 - Add Remove The Automatic Policy Loan Provision

- 2. NON-FORFEITURE OPTIONS: (Submit Original Policy)** Convert my policy to:
 - Extended Term Insurance Reduced Paid-Up Insurance

- 3. SURRENDER FOR CASH VALUE: (Submit Original Policy)** The cash surrender value is requested and will be accepted as full payment and release of all claims under the policy. The surrender will be effective on the date specified by you; if no date is specified, the request will be effected as of the date it is received by the Company.
 - Forward a check for the proceeds less any indebtedness to Owner.
 - Apply proceeds as follows: _____
 - I certify that no bankruptcy proceedings, attachment, tax or other lien claim is now pending against the owner.

- 4. POLICY LOAN:** Loan Agreement—In consideration for the advance, as a loan, all rights, title and interest in the policy is assigned to BFLIC as sole security for the repayment of the loan with interest payable in advance subject to the provisions of the policy.
 - Full Amount Pay premiums due on policy # _____
 - \$ _____ or Full amount (if less) - Make check payable to: _____
 - I certify that no bankruptcy proceedings, attachment, tax or other lien claim is now pending against the owner.

- 5. CHANGE OF RIDERS: (Submit Original Policy)** Add Cancel
 - Accidental Death Benefit Family Insurance Rider Accelerated Death Benefit Rider
 - Waiver of Premium Single Parent Child Rider Other _____

- 6. DUPLICATE POLICY:** I have been unable to find the above-described policy and certify that it is not assigned or pledged. I request the issuance of a duplicate policy or certificate of insurance should original forms no longer be available. I agree that upon the issuance of a duplicate policy or certificate, the original policy shall be null and void.

SIGNATURES: I/We agree that my/our signature(s) below shall apply to each request which has been checked.

	Date		Date		Date
Owner		Beneficiary		Witness (if signed by a mark)	
	Date		Date		Date
Spouse		*Irrevocable Beneficiary		Assignee	