This form can be filled out online and printed, or printed then filled out.



## PEKIN LIFE INSURANCE COMPANY 2505 COURT STREET PEKIN, ILLINOIS 61558-0001

INSURED		POLICY NUMBER		
In accordance with the terms of the policy the undersigned hereby requests that the following action be taken.				
I. ADDRESS CHANGE	(STREET) (CITY) (STATE-ZIP)			CY NUMBERS)
II. NAME CHANGE	FROM DATE OF CHANGE	TO	0	
III. DUPLICATE OR LOST POLICY	THE UNDERSIGNED CERTIFIES THE ABOVE POLICY HAS BEEN LOST OR DESTROYED AND REQUESTS A DUPLICATE POLICY. THE UNDERSIGNED AGREES TO RELY ON THE DUPLICATE POLICY AND SURRENDER THE ORIGINAL POLICY TO THE COMPANY WITHOUT CLAIM, SHOULD IT COME INTO THEIR POSSESSION.			
	WITNESS	DATE	POLICY	
IV. CHANGE				LING AMOUNT
MODE AMOUNT	Image: 12 Mos.         Image: 3 Mos.           Image: 6 Mos.         Image: 1 Mos.			iversal Life only)
V. DIVIDEND SURRENDER	Surrender:  Dividend Accumulations of \$ Paid Up Dividend Additions of \$ Having a Cash Value of \$ Policyowner Signature		Cash Payı	Payment n Interest Payment
VI. DIVIDEND OPTION CHANGE	Change the Dividend Option to: Option 1 Paid in Cash Option 2 Premium reduction Option 3 Leave on deposit to accumulate at interest Option 4 Used to purchase paid up additions Policyowner Signature NOTE: This change only affects future earned dividends. For use of previously earned dividends or change to or from Option 5 thru 9, write the Company for additional requirements and instructions. Option 2 is not available on monthly premium mode, or any prorated premium mode.			
VII. OTHER REQUEST (MISC.)	These requests additional forms which will be mailed to you for completion.  Assignment to Cash Surrender Change of Ownership		<b></b>	
	Assignee's Name	□ Reduced Paid U	Jp Ins. Name	of New Owner
	Address	□ Extended Term	Ins. Re	elationship
VIII. CORRESPON- DENCE REQUEST	Please send correspondence and/or checks regarding this transaction to:         1. Policyowner         2. Agent			
	Agent Nat	me A	Agency Name	Code#