



USFL
PO BOX 1419
Charlotte NC 28201-1419
Phone: 800-959-3894
Fax: 855-784-1586

REQUEST FOR TERM POLICY CONVERSION

Insured's Name	Date of Birth	Sex	Marital Status	Social Security No.
Address			Are you an US Citizen or a legal entity established under US law? ☐ Yes ☐ No	
Insured's Email Address	Insured's Occupation		Insured's Telephone Number	
Owner's Name (if different than Insured)			Owner's Date of Birth	
Owner's Address			Owner's Taxpayer ID	
Owner's Email Address			Owner's Telephone Number	
Owner's Name (if different than Insured)			Owner's Date of Birth	
Owner's Address			Owner's Taxpayer ID	
Owner's Email Address			Owner's Telephone Number	
Owner's Name (if different than Insured)			Owner's Date of Birth	
Owner's Address			Owner's Taxpayer ID	
Owner's Email Address			Owner's Telephone Number	

*Provide Term Policy #

"Make sure to complete if not converting the full face amount"

*Term Policy/Rider Converted		If Partial Conversion, Balance of Term Coverage is to be: _____ Cancelled or _____ Retained		
*Plan of Insurance	Face Amount	Death Benefit Option	Premium Mode	Premium Amount

1. FIRST BENEFICIARY(IES) if living, if not Please type or print full name and indicate the relationship to the insured person	Are any named beneficiaries a Viatical or Life Settlement Company? ☐ Yes ☐ No	
	Relationship to Insured _____	(Names of First Beneficiary(ies) _____ (Date(s) of Birth) (individual) _____)
	Beneficiary(ies) Residential Address or place of business _____	
	Percentage (%) of Benefits _____	Beneficiary(ies) SS#/EIN#/TIN# _____
	Beneficiary(ies) Email Address _____	Beneficiary(ies) Telephone Number _____

2. SECOND BENEFICIARY(IES) if living, if not Please type or print full name and indicate the relationship to the insured person	Are any named beneficiaries a Viatical or Life Settlement Company? ☐ Yes ☐ No		
	Relationship to Insured	(Names of First Beneficiary(ies))	(Date(s) of Birth) (individual)
	Beneficiary(ies) Residential Address or place of business		
	Percentage (%) of Benefits	Beneficiary(ies) SS#/EIN#/TIN#	
	Beneficiary(ies) Email Address	Beneficiary(ies) Telephone Number	

FINAL BENEFICIARY	If no beneficiary named above is living at the Insured's death, the beneficiary is the Insured's executors or administrators, unless checked: ☐ The executors or administrators of the survivor or beneficiaries (the last designated beneficiary to die)
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Dated at _____		X _____
City	State	Signature of Insured
Date _____	X _____	X _____
	Signature of Witness	Signature of Owner (if different than insured)
X _____	X _____	X _____
Signature of Owner	Signature of Owner	Signature of Agent Agent Number