

UNITED LIFE INSURANCE COMPANY

REQUEST FOR CHANGE POLICY

Policy No. _____ Insured/Annuitant _____

The UNITED LIFE INSURANCE COMPANY is hereby requested to make the change(s) indicated below.

1. I wish to delete the following coverage(s): (For additions, complete current application)

- | | |
|---|--|
| <input type="checkbox"/> Accidental Death Benefit Rider | <input type="checkbox"/> Disability Premium Payment Rider/DWC |
| <input type="checkbox"/> Children's Insurance Rider | <input type="checkbox"/> Spouse Insurance Rider/Other Insured |
| <input type="checkbox"/> Scheduled Increase Option Rider | <input type="checkbox"/> Disability Income Rider (Post 1-1-85 Issues Only) |
| <input type="checkbox"/> Term Rider (Post 1-1-85 Issues Only) | <input type="checkbox"/> Qualified Care Accelerated Death Benefit Rider |
| <input type="checkbox"/> Cost of Living Rider | <input type="checkbox"/> Other |

2. I wish to reduce the face amount of insurance on this policy to \$ _____

Important! The federal government limits the amount of money you can pay into a universal life insurance policy.

Reducing coverage on an existing Universal Life policy could potentially put the policy into guideline violation. For more information, see the statement on the second page.

A copy of a reproposal must be included with this request. Contact marketing at 800-637-6318 for a reproposal. (Refer to your policy for the minimum amount allowed.)

3. I wish to change the annual total premium payment to \$ _____

I wish to pay the premium Annually Semi-Annually Quarterly
 Monthly Electronic Funds Transfer Monthly Direct Billing

4. I wish to change the name of the Insured/Annuitant to: _____
(Refer to instruction #1 on reverse).

5. I wish to change the policy from:

- Option 1 to Option 2, according to the Terms of the Policy. (Face amount will be reduced by the amount of the current cash value.)
- Option 1 to Option 2 and maintain the current face amount. (Please complete the Statement of Good Health. Further evidence of insurability may be required.)
- Option 2 to Option 1.

IMPORTANT: WHEN CONSIDERING A CHANGE IN POLICY FACE AMOUNTS OR OPTIONS YOU SHOULD CONSULT YOUR AGENT REGARDING POSSIBLE CONSEQUENCES. (If your agent is unavailable, our Customer Service Department will be happy to assist you.)

This change shall take effect only after this request is approved by the Company at its Home Office. It is agreed that this request will become a part of the policy after the change.

THE FOLLOWING SHOULD SIGN THIS REQUEST:

_____ Owner	_____ All Irrevocable Beneficiaries (if applicable)
_____ Owner	_____ Any Collateral Assignee (must always sign)
_____ Owner	_____ Witness
_____ Owner	_____ Date

PO Box 729 Cedar Rapids, Iowa 52406-0729 • 200 1st St SE, Suite 1300 Cedar Rapids, IA 52401
Phone: 800-637-6318 • Fax: 888-726-9736

Email: Life@unitedlife.com • Website: unitedlife.com

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE SIGNING

1. The signature of the Owner and/or Insured, which must be in ink, should appear exactly as the name is given in the policy. If a woman has changed her name by marriage since the policy was issued, her husband's surname should be added to her name as given in the policy.
2. If the policy is owned by a partnership, the name of the partnership should be written above the signature space, followed by the signatures of all partners, each designated as "partner."
3. If the policy is owned by a corporation, the name of the corporation should be written above the signature space, followed by the signature of an officer authorized by the Board of Directors of the corporation to sign for the corporation. A certified copy of a resolution adopted by the Board of Directors, may be required.
4. The person acting as a witness must sign on the line above the word "Witness."

IMPORTANT! *The federal government limits the amount of money you can pay into a universal life insurance policy. If the face amount is lowered too much, United Life may be required to immediately or in the future, force money out of the policy (the owner would receive a 1099 for any interest). As a result of this reduction in face amount, we require a copy of a reproposal accompany the change request. Please contact Marketing at 800-637-6318.*

In some instances, the reduction in face amount may not be possible as requested. Other options may need to be considered.

Special Instructions:

FRAUD NOTIFICATIONS

The Fraud Warning Notification below is required if you are a resident of, or if the contract was issued in, one of the following states:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island & West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly, and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly, and with intent to defraud an insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia & Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. §638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon & Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.