



AMERICAN HERITAGE LIFE INSURANCE COMPANY
HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776

ADDITIONAL ADDRESSEE DESIGNATION / CHANGE FORM

Insured's /Proposed Insured's Name

Social Security Number

Protection against unintended lapse: I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of my coverage for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

Initial Designation

I elect to designate an additional addressee to receive such notice. (Please provide full name, address and phone number below.)

I elect NOT to designate any person to receive such notice.

I understand that I have the right to designate, change or revoke an additional addressee at any time, with timely notice to the Company.

Policy Number

Additional Designation

Change to Existing Designation

Revocation of Existing Designation

Designee's Name

Designee's Address

Designee's Phone Number

Owner's Signature

Date

ABJ16747