



AMERICAN HERITAGE LIFE INSURANCE COMPANY

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

REQUEST FOR DEATH BENEFIT ADVANCE

The benefits you are requesting may be taxable. Consult with your personal tax advisor. Receipt of an accelerated death benefit may affect eligibility for Medicaid or other government benefits or entitlements.

INSURED INFORMATION

Name in full: _____

Current residence: _____

Date of birth: _____ Social Security Number: _____

OWNER INFORMATION

Name in full: _____

Current residence: _____

Date of birth: _____ Social Security Number: _____

CERTIFICATE INFORMATION

Certificate Number: _____ Certificate death benefit amount: _____

Issue Date: _____ Requested death benefit advance (no more than 75%): _____

Loan Repayment: I decline partial loan repayment: Yes: No:

Opting out of partial loan repayment may cause the certificate to enter the grace period and terminate.

BENEFICIARY/ASSIGNEE ACKNOWLEDGMENT/AUTHORIZATION

I acknowledge this request for a death benefit advance and the fact that it will reduce the death benefits of the above certificate at the time of death.

Irrevocable Beneficiary Signature _____ Date _____

Assignee Signature _____ Date _____

Owner Signature _____ Date _____

A PHYSICIAN'S CERTIFICATION FORM and AUTHORIZATION TO RELEASE INFORMATION TO AHL MUST ACCOMPANY THIS REQUEST.

After completion, please return this request to:

**American Heritage Life Insurance Company
Group Claims Department
1776 American Heritage Life Drive
Jacksonville, Florida 32224-6687**

If you have any questions regarding our determination of your claim, or if you would like to appeal any determination, please contact our customer service department at 1-800-521-3535.