



**Allstate**  
Benefits

American Heritage Life Insurance Company  
Allstate Benefits  
1776 American Heritage Life Drive  
Jacksonville, Florida 32224

Telephone 1-800-521-3535  
Facsimile 866-428-2517  
www.allstatebenefits.com

Agent Use Only – subject to AHL rules, send all items to be returned to:  Agent  Owner

Agent Name and Number \_\_\_\_\_

Policy Number(s) \_\_\_\_\_ Policy Owner's Name \_\_\_\_\_

Insured's Name if different than Owner \_\_\_\_\_

Policy Owner Mailing Address \_\_\_\_\_  
(Street) (Apt)

(City) (State) (Zip)  **Check if this is a new address**

Home Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_ ( Cell or  Work)

Preferred contact number ( Home or  Alternate) and best time to call if possible \_\_\_\_\_  a.m.  p.m.

Email \_\_\_\_\_

**Name and Ownership Changes and Correspondence Requests**

1.  **Name and Social Security Number Change Request**

**Correct or add Social Security Number for** (name of individual) \_\_\_\_\_  
Social Security Number \_\_\_\_\_ ( owner,  insured or  dependent)  
 **Change Name Of**  Insured  Dependent  Owner  Payor  
From: \_\_\_\_\_  
To: \_\_\_\_\_  
**Reason for name change:**  Marriage  Divorce  Legal Name Change  Misspelled Name Correction  
 Other (specify) \_\_\_\_\_

2.  **Transfer of Ownership (This option is to change from current owner to a new owner as contractually accepted)**

\_\_\_\_\_  
(New Owner's full name) (Relationship to Primary Insured)  
\_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)  
\_\_\_\_\_  
(Date of Birth) (New Owner's Social Security Number)  
\_\_\_\_\_  
(Contact Phone Number) (Email)  
 **Please check here if change of ownership is due to the death of the current owner**

3.  **Various Requests**

Request Written Confirmation of Cash Value  
 Request Written Confirmation of Death Benefit

4.  **Other Instructions (Please be specific)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that my signature below shall apply to each request which has been checked on both sides of this form and I further agree that no request will be effective if not checked.

Policy Owner's Signature Required for all Requests \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: For Corporate Owner, provide corporation name, two officer's signatures and their titles.**

\_\_\_\_\_  
Company Name Officer Signature/Title Officer Signature/Title