REQUEST FOR CHANGE

Accidental Death & Dismemberment Insurance

Life Insurance Company of North America (LINA)

PLEASE CHECK (☑) ALL BOXES THAT APPLY:

❑ **INCREASE:** I presently have $_____ of insurance and wish to INCREASE my insurance to $ _____.
I understand there will be an increase in premium. *The maximum amount of voluntary coverage is $300,000*.
Coverage must be INCREASED in increments of $10,000.

❑ **DECREASE:** I presently have $_____ of insurance and wish to DECREASE my insurance to $ _____.
The minimum amount of voluntary coverage is $10,000. Coverage must be DECREASED in increments of $10,000.

❑ **CANCEL:** I presently have $_____ of insurance and wish to CANCEL my:

❑ ADDITIONAL insurance ❑ ADDITIONAL and $_____ BASIC insurance provided by the Financial Institution.

❑ ADD FAMILY: Please add family coverage. I currently have individual coverage and understand there will be an increase in premium.

❑ CANCEL FAMILY: Please cancel family coverage, however, keep my individual coverage in force.

❑ NAME CHANGE: Please change my name (Note: A copy of the legal document showing the name change must be included with this request.)

From: _____
FIRST MIDDLE LAST

To: _____
FIRST MIDDLE LAST

❑ ADDRESS CHANGE: Please change my address.

From: _____
ADDRESS CITY STATE ZIP

To: _____
ADDRESS CITY STATE ZIP

❑ PREMIUM DEDUCTION ACCOUNT CHANGE: Please change the account from which premium is deducted.

From: Account # _____ ❑ Checking ❑ Savings

To: Account# _____ ❑ Checking ❑ Savings

THE FOLLOWING MUST BE COMPLETED BEFORE THE ABOVE REQUESTED CHANGE(S) CAN BE MADE:

Insured's Name (PLEASE PRINT): _____ Insured's Date of Birth: _____/_____/_____

Financial Institution Name: _____ Account #: _____ ❑ Checking ❑ Savings

Insured's Signature: _____ Date: _____/_____/_____

RETURN TO:
Selman & Company, Customer Service Department, 6110 Parkland Boulevard, Cleveland, Ohio 44124-4187
Phone: 877-665-7563
PLEASE RETAIN A COPY OF COMPLETED FORM FOR YOUR FILES