



**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