



REQUEST TO CHANGE REQUESTED POLICY DATE

Please read all instructions carefully and complete all applicable sections of this form. A photocopy of a signed, government issued ID such as a driver’s license; state ID or passport must be submitted with the completed form. If no ID is available, the form must be notarized. Unclear or missing information may delay or prevent processing. Sign and date the form. A separate form is required for each policy.

POLICY NUMBER	
OWNER’S NAME	OWNER’S SOCIAL SECURITY NUMBER

Please extend my Requested Policy Date (Effective Date) to _____.

I confirm that I understand:

1. The new Requested Policy Date must be within **45 days** of your original application signature date.
2. The new Requested Policy Date must be dated from the 1 – 28 of the month.
3. If the new Requested Policy Date occurs after an age change, additional premiums will apply.
4. Christian Fidelity will draft the first premium on the new Requested Policy Date.

This Request to Change Requested Policy Date supersedes any Policy Date requested on the original application. In addition, Oxford Life will have no liability under this Request to Change the requested Policy Date on the policy unless and until: a) this Form has been received and approved by Christian Fidelity at its Home Office; b) coverage is effective on the Requested Policy Date provided on this Form; c) the first premium has been paid to and accepted by Christian Fidelity and honored by the issuing financial institution on the policy applied for; and d) at the time of issue and payment the facts concerning the insurability of the Insured remain as stated during the application process.

Signature – Owner

Date

Christian Fidelity Mailing Address and Contact Information	
Regular or Overnight Mail	2721 North Central Avenue, Phoenix, Arizona 85004
Fax	(877) 584-2777
Policyholder Services	(866) 641-9999
Website	www.oxfordlife.com