



REQUEST TO REDUCE ASSURANCE FACE AMOUNT

Please read all instructions carefully and complete all applicable sections of this form. 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
MAILING ADDRESS			
CITY	STATE	ZIP	<input type="checkbox"/> CHECK THIS BOX TO MAKE THIS MY NEW PRIMARY ADDRESS
STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)			TELEPHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS

Reduce the face amount of my life insurance policy as follows (choose one of the following options). The reduced face amount cannot be less than the minimum face amount for the product or plan.

Reduce the face amount to \$_____

OR

Reduce the premium amount to \$_____ (based on the current payment mode)*

***The face amount will be reduced to match the reduced premium (including the policy fee) based on the applicable rates for the policy.**

If the policy has cash value, any excess cash value resulting from a face amount reduction will first be applied to pay any outstanding policy loans and past due premium. The face amount reduction will be effective as of the next monthly anniversary after approval of this request.

Signature – Owner Date Signature – Joint Owner (if applicable) Date

Trustee or Officer Title: _____ Trustee or Officer Title: _____

Signature – Irrevocable Beneficiary or Collateral Assignee (if any)

If you are signing on behalf of the owner, print your name, sign below and check the box that describes the capacity in which you are signing.

Conservator Guardian Power of Attorney

Signature: _____

Print Name: _____

INSTRUCTIONS

Signature Requirements

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied.

Trust – All trustees must sign if required by the trust agreement. A copy of the trust agreement and a current Trustee Certification and Indemnification form must be on file before a withdrawal can be processed. Check the “Trustee” box below the owner signature line.

Guardian or Conservator – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. Provide a copy of the guardianship/conservator papers if not previously submitted.

Power of Attorney – Provide a copy of the power of attorney (if not previously provided), and complete and submit a Certification of Power of Attorney form. An

updated Certification of Power of Attorney form is required every 12 months.

Corporation – Check the “Officer Title” box below the owner signature line and write the title of the officer signing for a corporate owner in the space next to it. Provide a copy of the corporate resolution evidencing the officer’s signing authority.

Irrevocable Beneficiary – If you previously named an irrevocable beneficiary, the irrevocable beneficiary’s signature is required.

Collateral Assignee – If the policy has been assigned as collateral, all assignees must sign.

Oxford Life Mailing Address and Contact Information	
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