



P.O. Box 9371, Des Moines, Iowa 50306-9371
1-800-247-2190

EXTENDED TERM INSURANCE REQUEST

I, _____, insured
under policy number(s) _____ request
the policy/ies be placed on extended term insurance.

If dividends have accumulated, DO _____ DO NOT _____ use accumulated
dividends to purchase extended term insurance. (check one)

Date

Owner's Signature