



# financial life insurance

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## NON-FORFEITURE OPTION ELECTION REDUCED PAID-UP LIFE INSURANCE

INSURED \_\_\_\_\_  
OWNER – if other than insured \_\_\_\_\_  
COURT \_\_\_\_\_ ROSTER \_\_\_\_\_ CERTIFICATE NO. \_\_\_\_\_  
EFFECTIVE DATE \_\_\_\_\_

I hereby elect my certificate's Reduced Paid-Up option and I agree that on and after the effective date shown above, this certificate shall be in force only as a participating Paid-Up Life certificate in the face amount of \$\_\_\_\_\_ without any rider (additional benefit).

I understand that the previously stated face amount of \$\_\_\_\_\_ will be deleted from the original certificate and the 1891 Financial Life Insurance shall not honor such previous amount.

I also understand that dividends are not guaranteed and, subject to the terms of the certificate.

I acknowledge that I have had the opportunity to consult with tax, accounting and legal advisors.

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

**Subscribed and sworn to before me**  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**My commission expires**\_\_\_\_\_

Dated at Schaumburg, Illinois the \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
AUTHORIZED SIGNATURE