



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 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