



financial life

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1891 Financial Life is authorized to conduct business in CA, CO, IL, IN, IA, KS, MI, MN, MO, MT, NE, ND, OH, OR, SD, WA, WI.
DBA Oregon: 1891 Financial Life Insurance. DBA California: 1891 Financial Life, A Fraternal Benefit Society.

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

NOTARY:

STATE OF _____ COUNTY OF _____

This instrument was acknowledged before me on _____ (Date) by

(name(s) of person(s)) as

(type of authority if applicable, e.g., Officer, Trustee, etc.) of

(name of party on behalf of whom instrument was executed, if applicable).

(Seal)

Signature of Notary Public: _____

Title: _____

My Commission Expires: _____

Dated at Schaumburg, Illinois the _____, day of _____, _____.

AUTHORIZED SIGNATURE