



DIVIDEND ELECTION

Name: _____ Phone #: _____

Certificate #: _____ Assembly #: _____

Address: _____
Street

_____ City

_____ State

_____ Zip

If you wish to change your Dividend Election, please mark your choice below, sign this form and return it to the Home Office.

Permanent Insurance Plan Options: (PLEASE SELECT ONLY ONE)

- 1. Cash
- 2. Reduce Premiums (except Single Premium Life Plan)
- 3. Accumulate at Interest
- 4. Paid Up Additions

Member Signature

Date