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## DIVIDEND ELECTION

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Insured Member: \_\_\_\_\_ Assembly/Circle: \_\_\_\_\_

Owner (if other than insured): \_\_\_\_\_ Certificate #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

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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

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date