
DIVIDEND ELECTION

Insured Member: _____ Assembly/Circle: _____

Owner (if other than insured): _____ Certificate #: _____

Social Security #: _____ Phone #: _____

Address: _____
Street City State Zip

Email Address: _____

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