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APPLICATION FOR CERTIFICATE CHANGE

SECTION 1: GENERAL INFORMATION

Name (First, MI, Last): _____ Policy Number: _____

Date of Birth: _____ Social Security Last 4#: _____

Permanent Address: _____

Primary Phone: _____ Email Address: _____

POLICY OWNER INFORMATION (IF OTHER THAN THE INSURED):

Name (First, MI, Last): _____ Social Security Last 4#: _____

Primary Phone: _____ Email Address: _____

SECTION 2: REQUESTED SERVICE OR CHANGE

Rate Reduction, Smoker Class change, Addition of Rider and Increase in Death Benefit: Please complete the SI Application, along with the Authorization to Obtain information and HIPAA Authorization.

Removal of Rider: _____ Amount \$ _____ (specify Rider and amount)

Premium Amount to: \$ _____ Mode: _____

Reinstate a Graded Certificate #: _____

Convert Term Certificate #: _____ Full _____ Partial _____

To Product: _____ Amount \$ _____

SECTION 3: NOTIFICATION, ACKNOWLEDGEMENT AND CERTIFICATION

FRAUD NOTIFICATION

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

ACKNOWLEDGEMENT

I hereby agree that these changes shall be an amendment to my original application and shall form a part of my Certificate.

I have read this application and understand each question. I affirm all answers given on this Application for Certificate Change are complete and true to the best of my knowledge and belief.

The Policy Owner and/or anyone signing for a juvenile Insured by this application states the application's questions and statements have been answered and entered fully, completely and correctly, to the best of their knowledge and belief.

I understand and agree that the requested certificate change is not effective until approved by Sons of Norway and any required premium has been paid.

SECTION 4: SIGNATURES

Signed at (City): _____ State: _____ Date: _____

Owner Signature: _____

Insured Signature (Required for term conversion): _____