



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428
www.LGAmerica.com

POLICY CHANGE FORM
(Inforce Policies Only)

Insured's Name _____ Policy Number **(Required)** _____
Policy Owner Name _____ Owner's Cell Number _____
Owner's E-mail _____ Owner's Home Number _____

Changes in Coverage

Please complete your request below.

☐ Decrease Specified Amount of ☐ Base Coverage ☐ Rider _____
New Specified Amount **(if allowed by the contract)** \$ _____
☐ Cancel Existing Rider or Benefit (specify rider name) _____
☐ Change Death Benefit Option to Type B / Level **(for Universal Life policies only)**

Changes in Payment Mode

Please select a payment method and frequency. For Universal Life policies, please specify the premium amount.

☐ Annual Direct Billing ☐ Semi-Annual Direct Billing ☐ Quarterly Direct Billing
☐ Premium Amount **(for Universal Life policies only; signed illustration required)** \$ _____

Additional payment options available:

Automated Payment System. Pay premiums by calling (800) 638-8428 for Banner or (800) 346-4773 for William Penn policies and provide your policy number and bank routing and account numbers. For added convenience, save your bank account information online for use with the phone payment option.

Pay-by-Text. Opt in for text messages at www.LGAmerica.com to receive a text reminder 5 days prior to the due date. An additional text will be sent if the premium is not paid 15 days after the due date. Pay the premium via text or simply use it as a reminder.

Digital Wallet. Receive billing and past due notifications and pay the premium via the wallet app on your smart phone -- Apple Wallet for iPhones and Google Pay for Android. Make your selection on the Profile page at www.LGAmerica.com.

Changes in Payor

☐ Change existing payor ☐ Add additional payor
Payor Name _____ Tax ID # _____
Address _____
City _____ State _____ Zip _____
Relationship to Insured _____ Reason for Change _____

Lost Policy Request

Please select one.

☐ Please send a complete duplicate policy. * ☐ Please send a Confirmation of Coverage letter.

Copies of policies issued after 2014 are available on our website at www.LGAmerica.com.

* For policies issued prior to 2014, please enclose a \$25.00 processing fee.

Required Signatures

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Policy Owner Signature _____ Date _____
Additional Signature ** _____ Date _____
(if necessary)
Printed Name of
Additional Signature _____

** AZ, CA, ID, LA, NV, NM, TX, WA, WI, and Puerto Rico are community property law states. These laws may apply depending on your current marital status, marital status at the time of policy issuance, state where your policy was issued, residence state at time of issuance, and residence state(s) since issuance. Consult with your legal or tax advisor to determine whether these laws apply to you and whether a spousal signature is required on this form. Banner Life Insurance Company disclaims any responsibility for determining the applicability of community property laws or the validity of the requested change.