



APPLICATION FOR POLICY CHANGE AND/OR ENDORSEMENT

CICA LIFE OF AMERICA

P.O. Box 149151 • Austin, Texas 78714-9151 • Telephone (800) 880-5044 • Email: PHS.USA@citizensinc.com

Table with 4 columns: Policy Number, Insured, Owner, Current Date

REFER TO REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS

Main form area containing sections for Plan Reduction, Benefits, and Riders with various checkboxes and input fields.

It is understood and agreed that this "Application for Policy Change and/or Endorsement" shall become a part of the policy and constitute a single and entire contract of insurance. THE FOLLOWING APPLIES TO CHANGES REQUESTED WHICH ARE NOT GUARANTEED AVAILABLE UNDER THE ORIGINAL POLICY: It is understood and agreed that: (1) the requested changes in the above referenced policy shall not become effective until and unless they are approved by the Company in writing and that when so approved, this "Application for Policy Change and/or Endorsement" shall become a part of the policy and constitute a single and entire contract of insurance; (2) any such changes shall be subject to the provisions and conditions of the policy; (3) the Company may require evidence of insurability satisfactory to it; (4) payment of any premiums and any other consideration due for such changes must be received in full at the Executive Office of the Company while the insured is in good health; and (5) the Company may require the receipt of the policy and any additional information requested before any change is effective.

Dated at _____ this _____ day of _____, 20 _____

Witness Signature of Insured or Owner if other than Insured

THE UNDERSIGNED AGREES TO THE ABOVE REQUEST AND CHANGES

Signature of Assignee (if any) Signature of Irrevocable Beneficiary (if any)

FOR HOME OFFICE USE ONLY

ACKNOWLEDGMENT OF POLICY CHANGE - PLEASE ATTACH TO POLICY

The Company has recorded the change requested and retained a photocopy of the request.

Dated at Austin, Texas _____ Approved by _____

The following policy specification changes are effective with this endorsement as a result of the changes requested above:
Premium: annually \$ _____ semiannually \$ _____ quarterly \$ _____ monthly \$ _____ recurring monthly \$ _____
Effective Date of Change: _____

The original Table of Guaranteed Values has been changed to reflect values that coincide with the specific changes requested and approved herein.