

# ALLIED FUNERAL ASSOCIATES INSURANCE COMPANY

316 S. Thomas St., Tupelo, MS 38801  
P. O. Box 4080, Tupelo, MS 38803-4080  
Telephone (662) 840-9911 Fax (662)840-0911  
Toll Free 1-888-674-0297

## Policy Change Request Form

Policy # \_\_\_\_\_

Insured's Name \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**(The above information is required)**

1. ( ) A change is specified below.
2. ( ) Policy lost. Send Lost Policy Certificate.
3. ( ) Change Beneficiary #1 to: \_\_\_\_\_  
Change Beneficiary #2 to: \_\_\_\_\_
4. ( ) Cash Surrender. (Please return policy)

Change desired \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Insured's Signature or Signature of Parent/Guardian if Insured is under age 18.)

Agent or Witness \_\_\_\_\_

Funeral Home \_\_\_\_\_

**Insured must sign and submit a copy of his/her Driver License or State Issued ID. If the insured is a child (under 18), the parent or guardian must sign and submit a copy of his/her Driver License or State Issued ID.**