

Child Term Conversion Instructions

1. The insured child may convert the Term Insurance under this rider to a new Universal Life policy at any time or within 1 year of:

- The date of death of the insured or
- The expiry date of the rider. Please refer to your contract for the specific age the term insurance expires.

2. Before completing the application, the client should call our Client Service Department at (800) 918-8877, option 6 to request a conversion quote. The client may request a death benefit of up to five times the current benefit with the minimum death benefit being \$5,000.00. You will receive the child term conversion quote and an application via U.S. mail. The completed application and a check/money order can then be mailed to:

Trustmark Insurance
PO Box 7937
Lake Forest, IL 60045

**APPLICATION TO
TRUSTMARK INSURANCE COMPANY
LAKE FOREST, ILLINOIS
FOR CONVERSION OF LIFE INSURANCE**

PLEASE PRINT IN INK

1. Full Name of Proposed Insured			Date of Birth			Telephone No. (Include Area Code)			Sex		Occupation		
First	Middle	Last	Mo	Day	Yr				<input type="checkbox"/> M	Social Security Number			
									<input type="checkbox"/> F				
2. Address													
Number			Street			City			State		County		Zip Code
3. Owner (If other than Proposed Insured)			Address										
First Middle Last			Number Street City			State		Zip Code					
4. Payor (If other than Proposed Insured)			Relationship To Proposed Insured						Social Security Number				
First Middle Last			Address										
First Middle Last			Number Street City			State		Zip Code					
5. Individual Policy Number			6. Plan of Insurance										
7. Amount of Insurance			8. Mode of Payment						9. Premium \$				
10. Dividend Options (if applicable)										11. A.P.L.			
<input type="checkbox"/> Purchase Paid-Up Additions <input type="checkbox"/> Cash <input type="checkbox"/> Accumulate at Interest <input type="checkbox"/> Reduce Premium										<input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Beneficiary						Relationship To Proposed Insured							
13. Have you smoked cigarettes within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No													

This application is made in accordance with the conversion privilege of the policy identified in item 5 above. All rights, privileges and benefits available to me and others claiming through me under said policy are hereby released and relinquished. The statements and answers in this application are true and complete to the best of my knowledge and belief and, together with any necessary supplements and amendments, shall be the basis of any policy issued in connection with this application.

Dated at _____ this _____ day of _____ 20____
City State

Witness Signature

Applicant's Signature

Witness Signature

Signature of Proposed Insured if other than Applicant

CHECK OR MONEY ORDER MUST ACCOMPANY THIS APPLICATION