



Administrative Office: PO Box 278, Duncan OK 73534-0278

# Request For Conversion Form

## CURRENT GROUP POLICY INFORMATION FOR CONVERSION

Employer Name: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ If available      Group Policy Number: \_\_\_\_\_ If available

I request that AFR Life Insurance Company convert my current group coverage to an individual policy. The terms of this policy shall be in accordance with the conversion provision of the group insurance contract. It is agreed that the converted individual policy shall be deemed to be a continuation of the insurance under the Group Policy, but shall be a new, separate, and independent contract and that all its terms and conditions shall be operative at and from its date of issue. All rights and interests of every kind in the converted amount of insurance under said Group Policy are hereby released and discharged.

## INSURED INFORMATION

Full Name	Date of Birth	Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
Phone Number	Email Address		

## OWNER INFORMATION

Name	Date of Birth	Social Security Number
Address		
Phone Number	Relationship to Insured	

## BENEFICIARY(IES)

### Primary

Name	Relationship to Insured	Date of Birth	Social Security Number
Address			

Name	Relationship to Insured	Date of Birth	Social Security Number
Address			

*If the primary beneficiary/ies is/are not living at the death of the Insured, we will pay the Contingent Beneficiary.*

### Contingent

Name	Relationship to Insured	Date of Birth	Social Security Number
Address			

Name	Relationship to Insured	Date of Birth	Social Security Number
Address			

**POLICY INFORMATION**

Existing Coverage Amount:	
Total Amount to Convert:	
Effective Date of Existing Coverage:	

- Tobacco User
- Non-Tobacco User

Premium Mode-Bank Draft*:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annually
Premium Amount:	

\*For bank draft, the AFRL Bank Draft form would need to be completed.

**THE CONDITIONS RELATING TO CONVERSION**

1. The Conversion Privilege may be exercised prior to the date coverage is reduced or ends as described in the Group certificate as applicable.
2. The amount of insurance to be converted shall not be more than the amount of the group insurance which ends.
3. The date of issue of any individual policy shall be the day following the last day of the period during which the Applicant has a right to convert the group insurance as described in the Group Certificate.
4. Any individual policy shall take effect as of its date of issue, but only if: a) the Applicant has a right to convert his or her group insurance for the amount and plan of insurance applied for; and b) this application has been made and the first premium, according to AFR Life Insurance Company's published rates for the insurance applied for and the payment interval selected, is paid in full not later than the last day on which the Applicant has a right to convert his or her group coverage, as applicable.

On my behalf, I declare and agree that all statements in this application are complete and true to the best of my knowledge.

Proposed Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Payor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If Other than Proposed Insured)

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If Other than Proposed Insured)

Location Form was Signed (City, State) \_\_\_\_\_

**AFR Life Insurance Company**  
Administrative Office: 4400 Will Rogers Parkway  
Oklahoma City OK 73108  
800-425-9303  
www.afrlife.com