



**Lincoln Heritage Life Insurance Co.**  
4343 E. Camelback Rd., Phoenix, AZ 85018  
800-438-7180 602-808-0521 (fax) E-Mail – service@lhlic.com

## Reduce Face Amount

Policy # \_\_\_\_\_ Insured Name \_\_\_\_\_

Owner (If other than Insured) \_\_\_\_\_

### Instructions for completing this form

1. This form must be completed in ink and cannot be altered by the use of correction fluid.
2. Please print legibly.
3. The policy owner must sign the form.
4. List each insured and the new face value you want.
5. If the policy includes an Accidental Death and Dismemberment Rider or a Child Rider, indicate the number of units you want to keep.

I hereby request that the coverage of the listed policy be reduced as indicated below. I understand that the premiums will be adjusted accordingly and will be reflected on the corrected policy schedule.

**Insured's Name:** \_\_\_\_\_

**New Face Value \$** \_\_\_\_\_

**Accidental & Dismemberment Rider Units** \_\_\_\_\_

**Child Rider Units** \_\_\_\_\_

**Insured's Name:** \_\_\_\_\_

**New Face Value \$** \_\_\_\_\_

**Accidental & Dismemberment Rider Units** \_\_\_\_\_

If the premiums were being paid automatically from a bank account or credit/debit card, do you wish to resume that payment method? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**E-mail Address**

\_\_\_\_\_  
**Phone Number**

**NOTE: Once this form is received and filed at the Home office, we will send you an endorsement and a corrected copy of the policy.**  
(Reduce Face)