



HERMANN SONS LIFE

Application for Decrease of Insurance

PLEASE PRINT IN BLUE OR BLACK INK ONLY

I, _____, a member in good standing, born on _____, do hereby attach Certificate No. _____, issued to me under Plan _____ on _____ in the face amount of \$_____, and hereby request the above certificate be reissued under the same Plan in the face amount of \$_____.

I agree to pay the premium rates according to the table of rates at age of entry and that the new certificate shall bear the same effective date as the original effective date.

Name of Certificate Owner *(Please type or print)*

Address

Social Security No.

Telephone No.

Signature of Certificate Owner

Date

NOTICE: Submitting this form may impact certificate beneficiary designations. Please complete the *Application for Change of Beneficiary* form if applicable.

Please indicate the status of the original certificate: **Enclosed** **Lost**

*If certificate is lost, please attach the Lost Certificate Affidavit form.
(You may download the Application for Change of Beneficiary and Lost Certificate Affidavit forms
from the website at hermannsonslife.org
or request the forms by calling the Home Office at 210-226-9261 or 800-234-4124.)*