

Prime AD Endorsement Form

Policy Number: _____ *Agency / Agent Code:* _____

Named Insured: _____

Address: _____

Inception of Policy: ____ / ____ / ____ **Effective Date of Endorsement:** ____ / ____ / ____

Beneficiary Changes

Add the following beneficiary(ies) to my policy (this is in addition to persons already named):

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Revoking all previous designations, I request the beneficiary on the above policy be changed to (delete current beneficiary and add the following):

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address Change

Corrections

Correct the spelling of the Named Insured to: _____

Correct the spelling of the Beneficiary to: _____

Correct the effective date to show: ____ / ____ / ____

Other

Insured's Signature

Date

Witness' Signature

Date

Please mail this form to: Reliable Policy Management, LLC PO Box 100521 Florence, SC 29502-0521