

## **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