



Reissue Request

Fidelity & Guaranty Life Insurance Company - Home Office: Des Moines, IA
Administrative Office: P.O. Box 81497, Lincoln, NE 68501-81497
Phone: 800.445.6758 Fax: 800.281.5777

Policy Number	Policy Owner Name (First, M.I., Last)
Primary Insured Name (First, M.I., Last)	

Update Policy Effective Date

The monthly bank draft day will be the same as the effective date of the policy.
 Valid dates include the 1st through the 13th, or the 16th through 28th.
 If the next occurrence of the draft day is in the future the policy will not draft until the revised effective date.

Specific Effective Date or Day of the Month _____ OR _____
 DD/MM/YYYY Day

Current Effective Date/ Reverse Save Age
 Save Age (Policy Effective Date is one day prior to Insured DOB)

Increase Face Amount Amount: \$ _____ (specify requested benefit amount)
 Decrease Face Amount Amount: \$ _____ (specify requested benefit amount)
 Change Death Benefit Option to Level (A)
 Change Death Benefit Option to Increasing (B)
 Other:

Update Planned Premium Amount: \$ _____
 Monthly Bank Draft (PAC Form ADMIN5778 is required if not on file)
 Quarterly Billing
 Semi-Annual Billing
 Annual Billing

ADD	DELETE		Amount: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Spousal Term Rider (Policy Change Application ADMIN5816 required)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Child Term Rider (Supplemental questionnaire required)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Level Term Rider	_____
<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death Benefit Rider	_____
<input type="checkbox"/>	<input type="checkbox"/>	Waiver of Specified Premium Rider	_____
<input type="checkbox"/>	<input type="checkbox"/>	Waiver of Monthly Deduction Rider	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other:	

CORRECTIONS

Insured	Owner	Other Insured Spouse	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SSN, TIN (W9, W8-BEN Form is required) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of Birth (Include a driver's license, government/state issue ID) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spelling of Name ADMIN5743 is required to change the name (corrections only) _____ (First, M.I., Last)

Signature of Agent/Producer	Agent/Producer Email	Agent /Producer F&G Number	Date
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