



**REQUEST FOR CHANGE TO PAID-UP POLICY**

To Phoenix Life Insurance Company

POLICY NUMBER	INSURED
---------------	---------

The undersigned hereby requests that the above numbered policy issued by Phoenix Life Insurance Company, be changed to a paid-up policy in accordance with the paid-up insurance provision of said policy for the paid-up amount currently available. In consideration of such change any outstanding indebtedness shall be cancelled and any dividend fund shall be released to the Company.

Said paid-up policy shall not include any disability or additional accidental death benefits nor shall it include any additional term insurance under any term rider or option attached thereto; except that the additional term insurance thereunder shall remain in force if any such term rider or option shall have become fully paid prior to the effective date hereof.

Cash or loan values of said paid-up policy are available on request.

SIGNED AT (CITY AND STATE)	DATE
WITNESS	OWNER
WITNESS	
WITNESS	
<b>FOR HOME OFFICE ONLY</b>	
EFFECTIVE DATE OF CHANGE	AMOUNT OF PAID-UP POLICY \$

The foregoing change is agreed to by the Company.

COUNTERSIGNED
---------------

PHOENIX LIFE INSURANCE COMPANY

By

President

After this form has been countersigned at the Home Office it will be returned to be attached to the policy.