



Trinity Life Insurance Company

ADMINISTRATIVE OFFICE
PO BOX 5205 • FRANKFORT, KY 40602-5205
Phone: (866) 440-1357 • Fax: (502) 875-7084

REQUEST FOR CORRECTION OF INSURED'S AGE

Policy Number:

Four boxes for Policy Number 1, 2, 3, and 4

Insured's Full Name:

Line for Insured's Full Name

Correct Date of Birth of Insured:

Line for Correct Date of Birth of Insured

(month/day/year)

INSTRUCTIONS:

- 1. Please attach a copy of any document showing proof of correct date of birth.
2. If you hold Power of Attorney or Guardianship for the owner of this policy and will be signing this form, please attach a copy of any POA/Guardianship documentation.

Date:

X Owner's Name (printed)

X Owner's Signature (Always Required)

Owner's email address

() Owner-Day time phone: Home Cell Work

X Co-Owner's Name (printed)

X Co-Owner's Signature (Required if Co-Owner exists)

Co-Owner's email address

() Co-Owner-Day time phone: Home Cell Work