



CINCINNATI EQUITABLE LIFE INSURANCE COMPANY

Our Family Serving Your Family

AMENDMENT TO POLICY

Date:

Insured:

Policy #:

Please add \$ _____ to this policy. This will increase the face amount of the policy that is assigned to _____.

Signature of Authorized Funeral Home Representative

Cincinnati Equitable Life Insurance Company

P.O. Box 3428 • 525 Vine Street • Cincinnati, Ohio 45201-3428
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