



FCSU
Financial®

DIVIDEND OPTION FORM

Policy #: _____

Social Security #: _____

Name of Insured: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

CHANGE OF DIVIDEND OPTION

Please record the following option for future dividends payable on this policy.

- Paid-Up Additions - **RECOMMENDED** (paid-up additional insurance).
Dividend purchases paid-up additions annually, which will increase the policy's total cash value and face amount over time.

- Cash Option (annual dividend issued as a check).
Face amount will stay level and will not increase.

- Paid Up Dividend Cash Value
Payment of cash value of paid-up dividend additions (no further action is required; a check will be sent to you).
This option will revert the policy's value back to its original face amount.

Printed Name: _____

Signature of Owner: _____

Date: _____