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**REMOVAL OF BENEFIT RIDERS**

Please print or type except where signatures are requested.

Policy Number: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Owner's Address (including City, State, Zip Code): \_\_\_\_\_

Owner's Phone Number: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please remove the following (check all that apply):

- Waiver of Premium
- Accidental Death Benefit
- Children's Term Insurance Rider
- Convalescent Care Benefit Rider
- Other, please specify \_\_\_\_\_

I (we) request that all transactions marked above be completed by Trustmark and I (we) expressly warrant that all persons signing below are of legal age. The changes requested in the form will not become effective until approved by Trustmark.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
City and State

Name of Owner(s): \_\_\_\_\_

Signature of Owner(s): \_\_\_\_\_