

FAMILY HERITAGE  
CUSTOMER RE-SERVICE LIST REQUEST FORM

**PLEASE COMPLETE ALL 8 PARTS**

Please provide me with a list of policyholders so that I may re-service them.

**PART 1: REQUESTED LIST (Please select all that apply)**

- Names List-ACTIVE policyholders ONLY! You may show to sales prospects.
- Service List (cross-selling) – List must not be shown to any third party, however; you may discuss information with re-serviced customer.

**PART 2: POLICY STATUS (Please select all that apply)**

- Both active and terminated
- Active ONLY       Terminated ONLY
- Orphaned (non-active Agency Owners)

**PART3: LISTING (Check One)**

- Agent level: Agent Number  Agent Name
- Organization level (entire Agency Owner's organization policyholders)

**PART 4: List State and Counties you are requesting (Please limit your request to no more than 3 counties)**

STATE:  COUNTIES:

**PART 5: Please list email address to send request**

**Allow 3 business days to process**

**PART 6: Describe the Marketing Plan that supports the requested list**

**PART 7: I would like my list in (Please select all that apply)**

- PDF     Excel

**Please Note: Agency Owner approval is required unless waived by Company Officer**

*I agree to utilize the list I am requesting for customer re-servicing purposes only for and on behalf of Family Heritage Life Insurance Company of America (the "Company"). I understand that the requested information may contain the Company's customer's personal information, including financial, health and nonpublic information, which I hereby agree to maintain the confidentiality of and, other than Power Names lists, I will not disclose such information to any other representative or any third party, excluding the person to whom the information pertains, in accordance with the "Prohibited Conduct" section of the Marketing Agreement between me and the Company. I agree that I will not use this information except to carry out the purposes for which this information was disclosed to me.*

*In the event that I [or my agents or employees] disclose the information described above to any other representative or a third party, whether such disclosure is intentional or unintentional, or use the information other than as permitted above, I hereby agree to indemnify and hold the Company, its shareholders, officers, directors and employees harmless from and against any claim, action, causes of action, judgments, investigation by government agencies, costs and reasonable attorneys' fees incurred as a result of intentional and/or negligent acts or omissions by me [and/or my agents or employees]. I hereby agree to indemnify the Company, its shareholders, officers, directors and employees against any and all liability or damage that may arise from such disclosure.*

**PART 8:**

Agency Owner Name

Date

Form Completed By

Phone Number

Please fax or email your completed form to the Sales Support Department @ Fax: 972-569-3783 or  
fhlsalessupport@familyheritagelife.com