

Policy administration services provided by American Amicable Life Insurance Company of Texas.

REQUEST FOR CHANGE FORM

Policy or Certificate No.: _____

Name of Policyholder or Certificateholder (please print): _____
First Name M.I. Last Name

Telephone Number: _____

Name of Insured (if different): _____
First Name M.I. Last Name

Telephone Number: _____

S.USA Life Insurance Company, Inc. waives any policy provisions requiring endorsement of change on the policy.

Please submit documentation or copy of legal proof for the following request(s):

Change of Name: Policyholder/Certificateholder Insured

(Submit legal documentation showing former name and new name.)

Former Name: _____
First Name M.I. Last Name Signature of former name

New Name: _____
First Name M.I. Last Name Signature of former name

Age and/or Date of Birth: Submit a notarized copy of your birth certificate or other legal documentation showing your date of birth.

Automatic Premium Loan Provision: Please sign if you wish to have APL:

Owner's Signature: _____,

Premium Payment Mode: (Please choose) Annually Semi-Annual Quarterly Monthly

Change of Address: Please submit copy(s) of legal documentation showing former address and new address.

(Old Address)

(New Address)

Other: _____

* Not all options available for all policies or certificates.

I hereby request that the records of the above-numbered policy or certificate be changed with respect to the item(s) checked above.

Owner's Signature
Proof of signature is required (please attach a copy of government issued I.D. card, e.g. driver's license).
Date: _____