

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

OWNERSHIP / PAYOR CHANGE REQUEST

The owner expressly agrees that any change above will take effect as of the date this notice was signed, except as to any payment made by the Company before such change is recorded by the Company. The owner agrees that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require presentation, if desired.

Ownership Change — The owner hereby requests that all benefits, rights and privileges incident to ownership of the policy be vested in the new owner and, upon the prior death of the owner, the named contingent owner the Insured the executor, administrators and assigns, or successors and assigns of such new owner.

Please use dark ink and print all information except signatures.

Section A — Policy information (you must complete this section)		
Policy Number	Insured's Name	
Policyowner's Name	Policyowner's Social Security No.	Policyowner's Date of Birth

Section B — New Owner information			
The undersigned hereby requests that the previous ownership designation elected be revoked and makes the following designations:			
Name	Social Security Number	Date of Birth	Relationship to Insured
Address	City	State	Zip Code
Email Address		Phone Number	
Name	Social Security Number	Date of Birth	Relationship to Insured
Address	City	State	Zip Code
Email Address		Phone Number	

Section C — New Contingent Owner information			
The undersigned hereby requests that the previous contingent owner designation elected be revoked and makes the following designations:			
Name	Social Security Number	Date of Birth	Relationship to Insured
Address	City	State	Zip Code
Email Address		Phone Number	
Name	Social Security Number	Date of Birth	Relationship to Insured
Address	City	State	Zip Code
Email Address		Phone Number	

Section D — Signatures (you must complete this section)		
Signature of Current Owner	Current Owner's Telephone Number	Date Signed (mm/dd/yyyy)
Signature of New Owner	New Owner's Telephone Number	Date Signed (mm/dd/yyyy)
Signature of New Contingent Owner	New Contingent 's Telephone Number	Date Signed (mm/dd/yyyy)
Signature of Witness (cannot be a relative or designated Owner)	Name of Witness (Please Print)	Date Signed (mm/dd/yyyy)

Have you...

- completed Section A and provided us with complete Owner information?
- provided us with complete New Contingent Owner information in Section C?
- provided us with complete New Owner information in Section B?
- completed Section D by providing us with all appropriate signatures and dates?

Questions?
Log into your account online
and chat with a representative.