

REQUEST FOR POLICYOWNER SERVICE

American Underwriters Life Insurance Co., Administrators for
American Community Mutual Insurance Co.
P.O. Box 9510, Wichita, Kansas 67277-0510

Please print all information
Send to:
American Underwriters Life Insurance Co.

Policy Number: _____ Insured: _____

The undersigned authorize(s) American Underwriters Life Insurance Co. to honor the service request(s) indicated below:

LOAN REQUEST

Maximum amount available Net cash loan for \$ _____ (or maximum, if less)

LOST POLICY RELEASE

This policy has been lost, mislaid, or destroyed. I release the company from any further claim against this policy and agree to return the policy to the company if it is recovered.

I request a duplicate policy. The original policy is null and void. Coverage is in force under the provisions of the duplicate policy.

NAME CHANGE Insured Insured Child Insured Spouse Beneficiary Other Insured Owner

Old name in full: _____ New name in full: _____

Reason for change: _____ (If other than marriage, send copy of court order.)

OWNERSHIP CHANGE

I absolutely assign complete ownership and control of this policy to:

Name: _____ Date of birth: _____ SSN or Tax ID _____

Address (city, state, zip): _____

Signature of new owner _____ Relationship _____

CHANGE OF BENEFICIARY - I HEREBY REVOKE ANY DESIGNATION OF BENEFICIARY HERETOFORE MADE BY ME.

Primary Contingent Relationship
Primary Contingent Relationship
Primary Contingent Relationship

MISCELLANEOUS CHANGE - DESCRIBE THE REQUESTED CHANGE TO THE POLICY

SURRENDER REQUEST

Partial surrender amount \$ _____ Surrender for total cash surrender value(send policy)

I understand and agree that:

- 1. This request is subject to all the provisions of the policy.
2. The company is not liable for any action it takes before receiving and acknowledging this request.
3. This request is subject to the terms of any collateral assignment recorded against the policy. The company is not responsible for the validity of any assignment.
4. American Underwriters Life Insurance Company makes no representations as to the taxability or exemption from taxability with respect to any request.

Dated at _____ this _____ day of _____, 20__

SWORN BEFORE me this _____ day of _____, 20__ Insured: _____

Owner: _____

(seal) Assignee (if any): _____

_____ commission expires _____

Notary Public

Witness

All signatures must be in ink and witnessed by a non-related adult.

This request is acknowledged and accepted by AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY, administrators for American Community Mutual Insurance Company.

Date _____ Authorized Signature _____ Title _____