

REQUEST FOR POLICYOWNER SERVICE

American Underwriters Life 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.

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_