



**AMERICAN
AMICABLE
GROUP**

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
IA AMERICAN LIFE INSURANCE COMPANY
OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA
PIONEER AMERICAN INSURANCE COMPANY
PIONEER SECURITY LIFE INSURANCE COMPANY

Client Experience Department • PO Box 2549, Waco Texas 76702-2549 • Fax: 254-297-2105 • Email: cx@aatx.com

CHANGES TO POLICY

Policy Number: _____

Owner's Name: _____

Owner's Social Security #: _____

Address: _____

Phone#: _____

Insured's Name: _____

Insured's Social Security #: _____

Email: _____

As the owner of the above policy it is requested and directed that the Company selected above, make the following change(s) subject to company approval and any insurability requirements.

CHANGE POLICY FROM: _____

Plan: _____

Face Amount: _____

Riders: WP CIA

ADB FIA

LTR OTHER

TO: _____

Plan: _____

Face Amount: _____

Policy Date: _____

Issue Age: _____

Sex: Male Female

Riders: WP CIA

ADB FIA

LTR Other

Premium Mode: Annual SemiAnnual

Quarterly Monthly

Payment Mode: Direct Mo. Gov Allotment

Automatic Bank Draft

OTHER _____

Special Instructions: _____

The undersigned owner hereby applies for the above requested policy change. The owner agrees that: (1) the requested policy change shall not be in effect until the policy is delivered to and accepted by the owner during the lifetime and good health of each person insured or proposed for insurance in this application; (2) temporary insurance does not exist by virtue of this application for policy change; (3) the application for policy change shall be deemed to have been rejected by the Company unless a policy is issued and/or the original policy is endorsed and delivered to the owner within 90 days hereof; (4) acceptance by the owner of the policy issued pursuant to this application for policy change shall constitute a ratification by both the owner and the Proposed Insured of any variation between the policy applied for and the policy actually delivered whether or not noted in the space above designated "Endorsements" except there shall be no increase in the amount of insurance applied for without the written consent of the Proposed Insured.

No Medical Examiner or agent of the Company is authorized to bind the Company to this application for policy change or to waive any requirements of the Company.

Insured _____ Owner (if not Insured)

Agent _____ Date _____

We will acknowledge receipt of this requested change but do not assume responsibility for its validity or legal effect for the rights and liabilities of any person.

