

# American Income Life Insurance Company

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 ALL Of New Zealand Ltd: P.O. Box 15446 New Lynn, Auckland NEW ZEALAND  
 09-827-9900 or 0800-894-121 www.aillnz.co.nz

## POLICY SERVICE REQUEST

PLEASE PRINT CLEARLY

| <b>POLICIES TO BE CHANGED</b> |         |       |
|-------------------------------|---------|-------|
| Policy Number                 | Insured | Owner |
| Policy Number                 | Insured | Owner |
| Policy Number                 | Insured | Owner |

| <b>ADDRESS CHANGE</b>                |                       |
|--------------------------------------|-----------------------|
| <input type="checkbox"/> Old Address |                       |
| New Address                          |                       |
| Telephone                            |                       |
| E-mail Address                       | Date Change Effective |

| <b>NAME CHANGE</b> |   |
|--------------------|---|
| Change name of     | <input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Premium Payor <input type="checkbox"/> Beneficiary                                   |
| Former Name        |   |
| New Name           |   |
| Reason for change: | <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court Order <input type="checkbox"/> Correction <input type="checkbox"/> Adoption |

| <b>BENEFICIARY CHANGE</b>  |                |                     |                  |
|--|----------------|---------------------|------------------|
| <input type="checkbox"/> <b>PRIMARY BENEFICIARY:</b>   |                |                     |                  |
| Unless otherwise specified, proceeds to be paid in equal shares to the survivor(s).                  | <b>ADDRESS</b> | <b>RELATIONSHIP</b> | <b>BIRTHDATE</b> |
|  |                |                     |                  |
|  |                |                     |                  |
| <b>CONTINGENT BENEFICIARY - To be paid if no surviving Primary Beneficiary at the time of death.</b> |                |                     |                  |
| Unless otherwise specified, proceeds to be paid in equal shares to the survivor(s).                  | <b>ADDRESS</b> | <b>RELATIONSHIP</b> | <b>BIRTHDATE</b> |
|  |                |                     |                  |
|  |                |                     |                  |

| <b>MISCELLANEOUS</b> |
|----------------------|
|                      |
|                      |
|                      |

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Owner  
 \_\_\_\_\_ Printed Agent Name \_\_\_\_\_ Agent Signature \_\_\_\_\_ Agent Number