AMERICAN-AMICABLE
GROUP OF COMPANIES

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: _____ Insured's Name: _____

Owner's Social Security #: _____ Insured's Social Security #: _____

Address: _____

_____

Phone#: _____ 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: _____ TO:

Plan: _____ Plan: _____

Face Amount: _____ Face Amount: _____

Riders: _____ WP _____ CIA
_____ ADB _____ FIA
_____ LTR _____ OTHER

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.