

AMERICAN INCOME LIFE INSURANCE COMPANY

P.O. Box 2608 Waco, TX 76797

**POLICY SERVICE REQUEST
BENEFICIARY CHANGE**

- Print this form from your internet browser screen. After you fill out the form, mail it (with an **ORIGINAL** signature) to the following address:

American Income Life Insurance Company
P.O. Box 2608
Waco, Texas 76797

POLICY NUMBER	INSURED	OWNER

Primary Beneficiary:

Unless otherwise specified, proceeds to be paid in equal shares to the survivor(s)	Address	Relationship	Birthdate

Contingent Beneficiary – to be paid if no surviving Primary Beneficiary at the time of death:

Unless otherwise specified, proceeds to be paid in equal shares to the survivor(s)	Address	Relationship	Birthdate

COMMENTS:

Date

Signature of Owner

**** IT IS NOT NECESSARY TO SEND US YOUR POLICY ****