American Income life insurance company

PO Box 2608
Waco, TX 76702

Policy Service Request — Beneficiary Change

Print this form. After completing the form, sign it with an original signature and mail it to the following address:

American Income Life Insurance Company
PO Box 2608
Waco, Texas 76702

Owner	Insured	Policy Number
Owner	Insured	Policy Number
Owner	Insured	Policy Number

Primary Beneficiary — Unless otherwise specified, proceeds are to be paid in equal shares to the survivor(s).

Beneficiary's Full Name *(please print)*	Relationship	Date of Birth / /
Address *(street address, city, state, ZIP)*		Proceeds
Beneficiary's Full Name *(please print)*	Relationship	Date of Birth / /
Address *(street address, city, state, ZIP)*		Proceeds
Beneficiary's Full Name *(please print)*	Relationship	Date of Birth / /
Address *(street address, city, state, ZIP)*		Proceeds
Beneficiary's Full Name *(please print)*	Relationship	Date of Birth / /
Address *(street address, city, state, ZIP)*		Proceeds
Beneficiary's Full Name *(please print)*	Relationship	Date of Birth / /
Address *(street address, city, state, ZIP)*		Proceeds

Contingent Beneficiary — To be paid if no surviving Primary Beneficiary at the time of death. Unless otherwise specified, proceeds are to be paid in equal shares to the survivor(s).

Contingent Beneficiary's Full Name *(please print)*	Relationship	Date of Birth
		/ /
Address *(street address, city, state, ZIP)*	**Proceeds**	

Contingent Beneficiary's Full Name *(please print)*	Relationship	Date of Birth
		/ /
Address *(street address, city, state, ZIP)*	**Proceeds**	

Contingent Beneficiary's Full Name *(please print)*	Relationship	Date of Birth
		/ /
Address *(street address, city, state, ZIP)*	**Proceeds**	

Contingent Beneficiary's Full Name *(please print)*	Relationship	Date of Birth
		/ /
Address *(street address, city, state, ZIP)*	**Proceeds**	

Contingent Beneficiary's Full Name *(please print)*	Relationship	Date of Birth
		/ /
Address *(street address, city, state, ZIP)*	**Proceeds**	

Comments

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Printed Name of Policy Holder

Signature of Policy Holder

Date Signed