



American Public Life Insurance Company

A member of the American Fidelity Group

POLICYOWNER'S REQUEST FOR POLICY CHANGE

POLICY (S) _____

COMPLETE SECTION FOR CHANGE DESIRED
AND RETURN TO THE HOME OFFICE

Section 1 Change of Beneficiary	To: _____ Is this person a US Citizen? _____ If not, what country are they a citizen of? _____ New Beneficiary's Date of Birth ___/___/_____
Section 2 Name Change	Change Name of _____ Reason _____ (insured, owner or beneficiary) (marriage, divorce, correction etc.) To: _____ (furnish a copy of the court order or marriage license)
Section 3 Change of Ownership	To: _____ Contingent owner _____ (Policy must be returned with completed change form request)
Section 4 Change of Address	To: _____ City _____ State _____ Zip _____
Section 5 Change of Occupation	Since applying for this insurance, I certify that I have changed my occupation to _____ Exact duties are: _____ Employer Name _____ Employment Date _____ Address _____ Phone: _____
Section 6 Remove Dependent	Remove: Name _____ date of birth _____ Name _____ date of birth _____ Name _____ date of birth _____
Section 7 Duplicate Policy	I certify that the original policy has been lost or destroyed and shall become null and void immediately upon issuance of the duplicate policy. I will accept a Certificate of Lost Policy if duplicate forms are not available. Check here if original policy has been lost. <input type="checkbox"/>
Section 8 Removal of Rider	Remove the _____ rider from my policy.
Section 9 Other	_____ _____

Dated at _____, State of _____, this _____ day of _____, _____

Witness

Witness

Witness

Signature of Insured

Signature of Owner, if other than insured

Signature of Irrevocable Beneficiary

TO BE COMPLETED BY AMERICAN PUBLIC LIFE

Recorded at the Home office, this the _____ day of _____, _____
American Public Insurance Company _____

RETURN COMPLETED FORM TO: AMERICAN PUBLIC LIFE, P. O. BOX 925 JACKSON, MS 39205