Americo Financial Life and Annuity Insurance Company

Home Office: Dallas, Texas • Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288

Final Expense Customer Service Request

Owner (if other than Insured)	Insured	Policy Number

To Process Request, Policyowner Must Sign & Date the Reverse Side of this Form.

Please make the following marked changes or process the service requested:

❒ 1. Beneficiary Change ❒Revocable ❒Irrevocable (if not marked, beneficiary will be assumed to be revocable).

Beneficiary (Please give full names)

Primary	Telephone	Age	Relationship to Insured	
Address	City		State	Zip
Primary	Telephone	Age	Relationship to Insured	
Address	City		State	Zip
Contingent	Telephone	Age	Relationship to Insured	
Address	City		State	Zip
Contingent	Telephone	Age	Relationship to Insured	
Address	City		State	Zip

2. Name Change Change Name of : ❒Insured ❒Owner ❒ Beneficiary

FROM: (Former Name - Please Print)	TO: (New Name - Please Print)

Reason for change*: ❒ Marriage ❒ Divorce ❒ Adoption ❒ Court Order ❒ Correcting Error ❒ Other

*You must provide proof of reason for change, such as marriage certificate, divorce decree, adoption certificate, etc.

❒ 3. Ownership Change Transfer ownership of the policy to:

Name	Telephone

Address

Social Security Number	Date of Birth	Signature of New Owner

❒ 4. Duplicate Policy or Policy Certificate

I certify that I have been unable to locate the policy named above and I further certify that the policy is not assigned or pledged. I request the issuance of a duplicate policy, or certificate of insurance should duplicate policy forms not be available.

❒ 5. Date of Birth Change (please submit policy)

Name of Insured	Correct Date of Birth

If the change will result in a lower issue age, please submit a certified copy of the birth certificate.

(Over)

Policy Number

6. Request for Full Cash Surrender or Cancellation (Policy need not be returned unless indicated here: ❒)

Subject to the policy contract, I realize coverage ceases upon receipt by the Company of a fully completed surrender request. Please send me the net cash surrender value, less any amounts owed to the Company

Make check payable to: (please print)	Tax ID/Soc Sec # or FEI of Owner
XX	XX

BEFORE SURRENDERING YOUR POLICY: It is possible that your present policy can be adjusted to suit your changed needs with better results than total surrender or replacement. We would be pleased to discuss your options without cost or obligation. Please discuss these alternatives with your agent, or our Administrative Office by calling (800) 256-2328.

8. Additional Request (any other changes not listed above)

9. I am requesting an address change. Please change my address to:

_____

_____

Policyowner's Mailing Address

Signatures (Required)

I/we agree that my/our signature(s) below apply to each request which has been checked on either side of this form. It is expressly represented and warranted that no person, firm, or corporation has any interest in said policy except the undersigned and that there are no tax liens or proceedings in insolvency or bankruptcy instituted or pending against the undersigned owner.

Witness	Date
XXX Policyowner (if owned by a company, must be signed by an officer)	Please indicate title
Irrevocable Beneficiary (if any)	Spouse's Signature (if residing in AZ, CA, ID, LA, NM, NV, TX, WA)
Assignee Signature Required on all requests except 1, 2 & 3	Policyowner's Telephone Number