American-Amicable Life Insurance Company of Texas

P. O. Box 2549 • Waco, Texas 76702-2549

Policy Number	nsured	
Owner's Social Security Number	Insured's Social Security Number	
As the owner of the above policy it is requested and directed that the Amer make the following change(s) subject to company approval and any insurant	•	y, hereinafter called the Company,
☐ CHANGE POLICY:		
FROM:	TO:	
Plan:	Plan:	
Face Amount:	Face Amount:	
Riders:	Issue Age:	Sex:
	Riders: WP	☐ CIA
	ADB	☐ FIA
		☐ LTR
		Other
	Premium Mode:	
The undersigned owner hereby applies for the above requested policy change. The own delivered to and accepted by the owner during the lifetime and good health of each person exist by virtue of this application for policy change; (3) the application for policy change s the original policy is endorsed and delivered to the owner within 90 days hereof; (4) accessful constitute a ratification by both the owner and the Proposed Insured of any variation increase in the amount of insurance applied for without the written consent of the Proposed	n insured or proposed for insurance in this appl hall be deemed to have been rejected by the C eptance by the owner of the policy issued purs between the policy applied for and the policy a	ication; (2) temporary insurance does not Company unless a policy is issued and/or want to this application for policy change
No Medical Examiner or agent of the Company is authorized to bind the Company to this	s application for policy change or to waive any	requirements of the Company.
Insured	Owner (if not insured)	
Date	Date	
American-Amicable Life Insurance Company of Texas does not assume liabilities of any person.	the responsibility forthis requests valid	ity or legal effect or the rights and
AMERICAN-AMICABLE LIFE INSURANCE COMPANY		