



Client Experience Department • PO Box 2549, Waco Texas 76702-2549 • Fax: 254-297-2105 • Email: cx@aatx.com

OWNERSHIP / PAYOR CHANGE REQUEST

The owner expressly agrees that any change above will take effect as of the date this notice was signed, except as to any payment made by the Company before such change is recorded by the Company. The owner agrees that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require presentation, if desired.

Ownership Change — The owner hereby requests that all benefits, rights and privileges incident to ownership of the policy be vested in the new owner and, upon the prior death of the owner, the named contingent owner the Insured the executor, administrators and assigns, or successors and assigns of such new owner.

Please use dark ink and print all information except signatures.

Section A — Policy information (you must complete this section)			
Policy Number		Insured's Name	
Policyowner's Name		Policyowner's Social Security No.	Policyowner's Date of Birth
Section B — New Owner information			
The undersigned hereby requests that the previous ownership designation elected be revoked and makes the following designations:			
Name	Social Security Number	Date of Birth	Relationship to Insured
Address	City	State	Zip Code
Email Address		Phone Number	
Section C — New Contingent Owner information			
The undersigned hereby requests that the previous contingent owner designation elected be revoked and makes the following designations:			
Name	Social Security Number	Date of Birth	Relationship to Insured
Address	City	State	Zip Code
Email Address		Phone Number	
Section D — New Payor information			
The undersigned hereby requests that the previous payor designation elected be revoked and makes the following designations:			
Name	Social Security Number	Date of Birth	Relationship to Insured
Address	City	State	Zip Code
Email Address		Phone Number	
Section E — Signatures (you must complete this section)			
Signature of Current Owner		Current Owner's Telephone Number	Date Signed (mm/dd/yyyy)
Signature of New Owner		New Owner's Telephone Number	Date Signed (mm/dd/yyyy)
Signature of New Contingent Owner		New Contingent 's Telephone Number	Date Signed (mm/dd/yyyy)
Signature of Witness (cannot be a relative or designated Owner)		Name of Witness (Please Print)	Date Signed (mm/dd/yyyy)
Signature of New Payor		New Payor 's Telephone Number	Date Signed (mm/dd/yyyy)
Have you... <ul style="list-style-type: none"> • completed Section A and provided us with complete Owner information? • provided us with complete New Owner information in Section B? • provided us with complete New Contingent Owner information in Section C? • provided us with complete New Payor information in Section D? • completed Section E by providing us with all appropriate signatures and dates? 		Mail to: Client Experience Department P.O. Box 2549 Waco, TX 76702-2549	Contact Information: Fax: 1-254-297-2105 Questions? Log into your account online and chat with a representative.

IF NEW OWNER IS NOT A FAMILY MEMBER, THIS FORM MUST BE NOTARIZED OR IT WILL NOT BE PROCESSED.

Notary Public: