



# American Life & Security Corp.

Administrative Office

PO Box 717 \* Frankfort, KY 40602-0717

Phone: 877.758.9333 Fax: 502.875.7084

## REQUEST FOR CORRECTION OF INSURED'S AGE

**Policy Number:**

POLICY NUMBER 1	POLICY NUMBER 2	POLICY NUMBER 3	POLICY NUMBER 4

**Insured's Full Name:** \_\_\_\_\_

**Correct Date of Birth of Insured:** \_\_\_\_\_

(month/day/year)

### INSTRUCTIONS:

1. Please attach a copy of any document showing proof of correct date of birth.
2. If you hold Power of Attorney or Guardianship for the owner of this policy and will be signing this form, please attach a copy of any POA/Guardianship documentation.

Date: \_\_\_\_\_

**X**

Owner's Name (printed)

**X**

Owner's Signature (Always Required)

( )

Owner-Day time phone:  Home  Cell  Work

**X**

Co-Owner's Name (printed)

**X**

Co-Owner's Signature (Required if Co-Owner exists)

( )

Co-Owner-Day time phone:  Home  Cell  Work