



American Life & Security Corp.

Executive Office
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CHANGE MODE OF PREMIUM PAYMENT

Policy Number:

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

Insured's Full Name: _____

- ANNUAL
- SEMI-ANNUAL
- PREAUTHORIZED TRANSFER PLAN (PAT) – Monthly Only
(Attach new PAT card and voided check)

Date: _____

X _____
Owner's Name (printed)

X _____
Owner's Signature (Always Required)

Owner's email address

(_____) _____
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's email address

(_____) _____
Co-Owner-Day time Phone: __Home __Cell __Work