



# American Life & Security Corp.

Administrative Office

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## CHANGE MODE OF PREMIUM PAYMENT

**Policy Number:**

<small>POLICY NUMBER 1</small>	<small>POLICY NUMBER 2</small>	<small>POLICY NUMBER 3</small>	<small>POLICY NUMBER 4</small>

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

- ANNUAL  
 SEMI-ANNUAL  
 PREAUTHORIZED TRANSFER PLAN (PAT)  
*(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