



American Life & Security Corp.

Administrative Office

PO Box 717 * Frankfort, KY 40602-0717
Phone: 877.758.9333 Fax: 502.875.7084

REQUEST FOR CHANGE IN PREMIUM PAYOR ONLY

Policy Number: _____

Insured's Full Name: _____

This request is only to change the premium payor of the policy.

Changing the person receiving the premium billing does not affect the ownership of the policy if the premium payor is different than the owner of the policy.

Name of the **PREMIUM PAYOR:** _____

Address of new payor: _____

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