



American Life & Security Corp.

Administrative Office

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

REQUEST FOR REDUCED PAID UP OPTION

I request the Reduced Paid Up Option on the following:

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: _____

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