OWNER SERVICE CHANGE REQUEST

American United Life Insurance Company®
Administrative Offices
17 Church Street, P. O. Box 506
Keene, New Hampshire 03431-0506

OWNER **INSURED** **POLICY#/CERTIFICATE #**

OWNER'S ADDRESS **OWNER'S PHONE #**

1A. ☐ **DESIGNATION OF FIRST BENEFICIARY (Complete All Information):**
Change applies to_____ ☐ Employee ☐ Spouse ☐ Child

First _____ _____ _____
Name Social Security No. Date of Birth

First _____ _____ _____
Name Social Security No. Date of Birth

_____ _____ _____ _____ _____
Relation to Insured Street Address City, State Zip Code

1B. ☐ **DESIGNATION OF SECOND BENEFICIARY (Complete All Information):**
Change applies to_____ ☐ Employee ☐ Spouse ☐ Child

Second _____ _____ _____
Name Social Security No. Date of Birth

Second _____ _____ _____
Name Social Security No. Date of Birth

_____ _____ _____ _____ _____
Relation to Insured Street Address City, State Zip Code

If you reside in a community property state, it may be unlawful to name someone other than your spouse as your beneficiary, without your spouse's consent.

2. ☐ **CHANGE OF NAME OR RELATIONSHIP:**
☐ Insured ☐ Owner ☐ Beneficiary ☐ Payor
Former Name_____ By Reason Of: ☐ Marriage ☐ Divorce

Relationship to Insured_____ ☐ Correction of Error

Present Name_____ ☐ Legal Change (attach court papers)

3. ☐ **CHANGE OF ADDRESS:**
☐ Insured ☐ Owner ☐ Beneficiary ☐ Payor
From_____ To_____

4. ☐ **CHANGE OF OWNERSHIP - *Voluntary Universal Life Only***
I hereby request that ownership of this policy/certificate be changed to_____ whose relationship to the insured is _____ and that all benefits, rights and privileges incident to ownership be vested in the new Owner.

_____ _____
Address of New Owner (Number, Street, City, State and Zip Code) Social Security No. of New Owner

5. **REDUCTION IN COVERAGE - *Voluntary Term Life Only***
I hereby request a change to the amount of my Life and AD&D coverage from $ _____ to $_____

NOTICE OF TERMINATION - ☐ ***Voluntary Term Life*** ☐ ***Voluntary Universal Life***
I hereby request termination of my coverage, effective _____

IT IS AGREED THAT(1) Unless otherwise expressly stated in the above designation, the Owner reserves the right to make further changes of beneficiary; (2) This designation of beneficiary or change of ownership shall not become effective until duly recorded at the Administrative Office, but, when so recorded, shall relate back to, and be effective from the date the form was signed, subject to any payment made or action taken by AUL prior to such recording; and (3) This designation of beneficiary or change of ownership is subject to all of the provisions of the above policy(ies)/certificate(s).

Signature of New Owner	**Date**	**Signature of Present Owner**	**Date**
Signature of Witness	**Date**	**Signature of Assignee or Irrevocable Beneficiary**	**Date**

FOR COMPANY USE ONLY: Recorded at the Administrative Office of AUL on _____ by _____

White - Return to Owner Canary - File Pink - Agent 60-7008 (7/00)