AMERICAN-AMICABLE
GROUP OF COMPANIES

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
IA AMERICAN LIFE INSURANCE COMPANY
OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA
PIONEER AMERICAN INSURANCE COMPANY
PIONEER SECURITY LIFE INSURANCE COMPANY

Client Experience Department • PO Box 2549, Waco Texas 76702-2549 • Fax: 254-297-2105 • Email: cx@aatx.com

POLICY CANCELLATION REQUEST

Please use dark ink and print all information other than signatures.

Policy Number: _____ Insured's Name: _____
(PLEASE PRINT)

Policy Owner's Name: _____ DOB: _____
(PLEASE PRINT)

Address: _____
(PLEASE PRINT)

City, State, Zip: _____
(PLEASE PRINT)

SS#: _____ Phone No: _____

Email Address: _____

I wish to cancel my policy and receive any policy values due me.

Reason for cancellation: _____

_____ Direct deposit to my bank account. A voided check (or clear copy) is attached below.

_____ The check will be mailed to the address above. (If the check is not received within 30 days from the date mailed, please contact our office to have a replacement check issued.)

If there is a taxable gain on the cash surrender value, the Company will report the gain to the IRS and you will be mailed a 1099-R at the end of next January. Unless the box below is checked, taxes will be withheld from the distribution and sent to the IRS.

☐ Do NOT withhold taxes

FOR SECURITY REASONS, HANDWRITTEN SIGNATURES ARE VERIFIED ON ALL REQUESTS OVER $5,000.00. SINCE SIGNATURES MAY CHANGE OVER TIME, PLEASE INCLUDE A CLEAR COPY OF A FORM OF ID WITH YOUR CURRENT SIGNATURE.

Policy Owner's Signature: _____ Date: _____

OPTIONAL
PLACE VOIDED CHECK HERE

9-digit Transit/ABA Number: _____ Account #: _____

Account Holder(s) Name: _____

Type of Account: Checking (___) Savings (___)