NAME
ADDRESS

We are very sorry to hear of your request to cancel or surrender your American Income Life insurance coverage. In order to finalize your request, please fill in the table below, provide your handwritten signature, and return this form to our office by:

Email: AILServiceRequest@ailife.com
Mail: 1200 Wooded Acres Drive
Waco, TX 76710

If this form is not received within 30 days, you may begin receiving billing notices via mail for any premium due, or premiums may be paid from any cash value that has been accrued (if applicable).

Policy Number	**Insured Name**	**Insured Date of Birth**

Owner Name (Print): _____
Owner Signature: _____
Owner's Last 4 Digits of Social Security Number: _____

Please let us know if we can be of further assistance.

Sincerely,
American Income Life Insurance Company
Policy Service Department
800-433-3405
AILServiceRequest@ailife.com