AMERICAN AMICABLE GROUP

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

BENEFICIARY CHANGE INSTRUCTIONS AND HELPFUL HINTS

Please follow these instructions for completing the form:

1. Please use dark ink and print all information except signatures.
2. You must provide all information requested. Complete and accurate information will help expedite the beneficiary change request.
3. If there are multiple primary or contingent beneficiaries, they will share equally in the policy proceeds unless you indicate a percentage for each named beneficiary in the area indicated. Please note that the total of all percentages for each beneficiary category must equal 100%. Do not use dollar amounts.
4. If you use liquid paper or scratch out information, those changes must be initialed by the policy owner.
5. The current policy owner must complete and sign the bottom portion of the form. The witness to the policy owner's signature must be a non-relative and not named as the new beneficiary.
6. If additional room is needed, please use a separate sheet of paper. Each page must include: a) the policy number and name of the insured, b) the information requested on the form, c) signature of the Owner(s) with the date signed and d) the signature of a witness. If you wish, you can make copies of this form and number them.
7. If the new beneficiary is a trust, the trust name and date must be included as the name information in the appropriate box on the form.
8. If new beneficiary is **NOT** a family member, document must be notarized or it will not be processed.

HELPFUL HINTS FOR NAMING A BENEFICIARY

A family member or members are the most common type of beneficiary designation. Designating a family member as beneficiary is usually not a problem as long as the person is not a minor.

Example: Jane Doe, spouse

Example: Jane Doe, spouse - 50%
Fred Doe, son - 50%

Children should not be named as beneficiary unless there is a trustee named to handle the claim transaction. If there is no trustee, the insurance company must determine who has the legal authority to accept payment on behalf of the minor child or children which may delay payment of the proceeds.

Example: Jane and Fred Smith, children, with John Doe as trustee if said children are minors. If you decide to name your children, please include the name, address, social security # and date of birth for each child.

It is always a good idea to name a contingent beneficiary as the primary beneficiary may predecease the insured and if no contingent beneficiary is named, the proceeds would be paid in accordance with the policy provisions.

If a creditor is to be the beneficiary, the form should indicate the amount that is to go to the creditor.

Example: XYZ Bank as its interest may appear with the balance payable to Jane Doe, spouse.

If you name a funeral home as the primary beneficiary, please indicate "as their interest appears" and name a contingent beneficiary to receive any proceeds not paid to the funeral home.

If you have any questions regarding a beneficiary designation, please visit our website and chat with us online using the Live Chat tool available in your account portal or email us at cx@aatx.com.



BEFORE RETURNING THIS FORM, HAVE YOU:

- completed Section A and provided us with complete Policyowner information?
- provided us with complete Primary beneficiary information in Section B?
- provided us with complete Contingent beneficiary information in Section C?
- completed Section D by providing us with all appropriate signatures and dates?

BENEFICIARY CHANGE REQUEST

Beneficiary change requests can only be made during the lifetime of the insured. Upon the Insurer's receipt of this completed form, the Beneficiary change will be effective as of the date it was signed by the Policyowner. However, the change will be subject to any payment that the Insurer may have made or actions it may have taken prior to receipt of the completed form. The Company may acknowledge receipt of this requested change but does not assume responsibility for its validity or legal effect or the rights and liabilities of any person.

This request supersedes and revokes all previous primary and contingent beneficiary designations.

Important Instructions

1. If you name multiple beneficiaries and don't want the proceeds paid in equal shares, please indicate a percentage for each beneficiary in the appropriate box. The total of all percentages in each section must equal 100%. A dollar amount cannot be used.
2. If additional space is needed, please attach a separate sheet which includes: a) the policy number and name of insured; b) the information requested in the box below; c) signature of Owner(s) along with the date; and d) the signature of a Witness.
3. If new beneficiary is a trust, the trust name and date must be included as the name in the information box below.
4. If new beneficiary is **NOT** a family member, document must be notarized.

Please use dark ink and print all information except signatures.

Section A - Policy information (you must complete this section)				
Policy Number		Insured's Name		
Policyowner's Name		Policyowner's Social Security No.		Policyowner's Date of Birth
Address	City	State	Zip Code	Phone Number

Section B - Primary beneficiary information

Primary – The undersigned hereby requests that all previous primary beneficiary designations and settlement options elected be revoked and makes the following designations:

Name	Social Security Number	Date of Birth	Relationship to Insured	Percentage
Address	City	State	Zip Code	Phone Number
Name	Social Security Number	Date of Birth	Relationship to Insured	Percentage
Address	City	State	Zip Code	Phone Number
Name	Social Security Number	Date of Birth	Relationship to Insured	Percentage
Address	City	State	Zip Code	Phone Number

Section C - Contingent beneficiary information

Contingent (secondary) – *Receives benefits ONLY if no Primary Beneficiary survives the insured.* The undersigned hereby requests that all previous contingent beneficiary designations and settlement options elected be revoked and makes the following designations:

Name	Social Security Number	Date of Birth	Relationship to Insured	Percentage
Address	City	State	Zip Code	Phone Number
Name	Social Security Number	Date of Birth	Relationship to Insured	Percentage
Address	City	State	Zip Code	Phone Number

Section D - Signatures (you must complete this section)		
Policyowner Signature (with title if applicable)	Policyowner's Telephone Number	Date Signed (mm/dd/yyyy)
Co-owner Signature (with title if applicable) or Second Officer with title (if corporate-owned)		Date Signed (mm/dd/yyyy)
Witness Signature (cannot be a relative or designated Beneficiary)	Name of Witness (Please Print)	Date Signed (mm/dd/yyyy)

Have you...
- completed Section A and provided us with complete Policyowner information?
- provided us with complete Primary beneficiary information in Section B?
- provided us with complete Contingent beneficiary information in Section C?
- completed Section D by providing us with all appropriate signatures and dates?

Mail to:
Client Experience Department
P.O. Box 2549
Waco, TX 76702-2549

Contact Information:
Fax: 1-254-297-2105

IF BENEFICIARY IS NOT A FAMILY MEMBER, THIS FORM MUST BE NOTARIZED OR IT WILL NOT BE PROCESSED.

Notary Public: