L

American Income Life
National Income
life insurance companies

PO Box 2608
Waco, TX 76702
AILife.com

Customer Care

o: 800-433-3405
f: 254-741-5701
POS@AILife.com

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 complete the form and return this form to our office by:

Email:AILServiceRequest@ailife.com
Mail: 1200 Wooded Acres Drive Waco, TX 76710
Fax: 254-741-5701

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

◯ - Please send me a check for the funds, if applicable to my address on file.

◯ - Please deposit the funds, if applicable, in the bank account listed below. I authorize American Income Life Insurance Company to deposit payments to my financial institution electronically. I understand that American Income Life Insurance Company will reverse any payments made to my account in error.

<<ATTACH A VOIDED CHECK or ACCOUNT VALIDATION>>

Name on Account:	
Checking or Savings:	
Bank Name:	
Routing Number:	
Account Number:	

Owner Name (Print): _____ **Date:** _____

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

If your address has changed, please update your address below: