



American Memorial
Life Insurance Company
P.O. Box 2730
Rapid City, SD 57709-2730

Policy Change Request

This form allows a policy owner to request various changes and applies to different types of policies. Only complete the section(s) that pertain to the specific change(s) requested.

The following information will help you complete the various sections of the form on page 2.

Change of Beneficiary: Please designate both a primary and contingent beneficiary. If you want one designation to remain the same, you may leave the designation blank, and we will leave the current designation as noted above. Your new designations will override any changes made in the past. The current owner and the irrevocable beneficiary, if applicable, must sign this form.

The assignment of benefits on your Goods & Services contract assigns policy benefits to the performing funeral home; therefore, it is not necessary to select a funeral home as your beneficiary.

Change of Ownership*: With the completion of this section, all rights and interest of the policy transfers to the new owner. The current owner and new owner signatures are required to process this request. The irrevocable beneficiary, if applicable, must also sign this form. If the current owner is deceased, please contact our office for further instructions.

*Designating a funeral home as owner is prohibited in Minnesota.

Change of Name: A copy of legal documentation showing the name change is required.

Change of Funeral Home: Please indicate the new name, address and phone number of your preferred funeral home. The current owner and the irrevocable beneficiary, if applicable, must sign this form.

If a Power of Attorney or guardian signs for the owner, please indicate this on the form.

Please scan and return your completed, signed form to us by:

- Email: documents@assurant.com
- Fax: 1-605-719-0601

You will receive confirmation once we've completed processing your request. If you have any questions, please feel free to contact us at 1-800-533-2220.



Policy Change Request

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| | | |
|--------------------|----------------|---------------|
| The Insured | Insured's Name | Policy Number |
|--------------------|----------------|---------------|

| | |
|------------------|--------------|
| The Owner | Owner's Name |
|------------------|--------------|

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|---------------------------|--|
| Beneficiary Change | I wish to designate my <input type="checkbox"/> Primary Beneficiary and/or <input type="checkbox"/> Contingent Beneficiary as irrevocable. I understand by doing so I cannot take a loan or cash surrender my policy without their written consent. <i>It is not recommended to select a funeral home as beneficiary. Please designate both a primary and contingent beneficiary.</i> |
|---------------------------|--|

| | | | | | | | |
|-----------------------------|------|-------------------------|-----|--------------------------------|------|-------------------------|-----|
| Primary Beneficiary Name(s) | | | | Contingent Beneficiary Name(s) | | | |
| Address | City | State | Zip | Address | City | State | Zip |
| Telephone Number | | Relationship to Insured | | Telephone Number | | Relationship to Insured | |

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|---------------------|---|
| Owner Change | This change will legally transfer policy ownership to the party named below. <i>It is not recommended to select a funeral home as owner.</i> |
|---------------------|---|

| | | | |
|-------------------------|------|---------------------|------------------|
| New Owner Name(s) | | | |
| Relationship to Insured | | Date of Birth | Telephone Number |
| Address | City | State | Zip |
| | | New Owner Signature | |
| | | Date | |

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|-----------------------|--|
| Change of Name | Legal documentation is required, i.e. marriage license, divorce decree, driver's license, etc. <i>This change will not transfer ownership rights or benefits.</i> |
|-----------------------|--|

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|--|----------------------------|
| Name to Change: <input type="checkbox"/> Insured <input type="checkbox"/> Policy Owner | Reason |
| From (Please print former name) | To (Please print new name) |

| | | | |
|--|---------------------|------------------|-----|
| Change of Funeral Home | <i>Please Print</i> | | |
| From (Please print former Funeral Home name) | | | |
| To (Please print new Funeral Home name) | | | |
| Address | City | State | Zip |
| Address | City | State | Zip |
| Telephone Number | | Telephone Number | |

| | |
|---------------------------|--|
| Additional Changes | <i>Please clearly describe any additional changes requested.</i> |
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| | | |
|---|--|------|
| Signatures | <i>I agree that my signature shall apply to all requests indicated on this form.</i> | |
| Current Policy Owner | | Date |
| Irrevocable Beneficiary Signature if required | | Date |