



# Policy Change Form

Policy # \_\_\_\_\_

Insured Name \_\_\_\_\_

Effective Date of Change(s) \_\_\_\_\_

## Change of Name

The name of the above Policyholder should be changed

From \_\_\_\_\_ To \_\_\_\_\_

Reason:  Marriage  Divorce  Court Order  Other

## Change of Address

Address

City

State

Zip

Telephone Number

## Addition of Newborn(s)

Upon receipt of this notification, we may require you to complete an Application for underwritten approval of your newborn dependent.

Name of Newborn(s)

Date of Birth

Relationship

Insured's Status:  Married  Single  Divorced

## Change of Beneficiary

(Instructions on reverse side)

Under and subject to the terms of the above Policy, I hereby annul and revoke any former designation of Beneficiary made by me and I now designate as Beneficiary:

Name

Date of Birth

Relationship

Name

Date of Birth

Relationship

The insurance proceeds shall be payable at my death in one sum unless on my written request above it is specifically provided otherwise.

## Other Request

I am applying for amendment of my Policy. It is mutually agreed as follows: These changes shall not become effective unless and until accepted by American Community; this application for change will become part of my original Policy and will be subject to the terms of the Agreement(s) in effect with American Community.

Insured's Signature

Date

Witness Signature Required

# Instructions for Change of Beneficiary

1. If two Beneficiaries are to share jointly, the last name entered should be followed by the words "equally or to the survivor;" if three or more Beneficiaries are to share jointly, the last name entered should be followed by the words "the survivor or the survivors equally." If the interest of one Beneficiary is to be contingent to the interest of another, after the name of the first Beneficiary the following words should be placed; "If living, otherwise to."
2. The signature of the Insured, which must be in ink, should appear exactly as the name is given in the Policy, except that if the Insured has changed her name by marriage since the Policy was issued, her husband's surname should be added to her name as given in the Policy. The date on which the Insured signs must be inserted.
3. All information not already given as to the full name, date of birth and relationship of the proposed Beneficiary should be filled in. If the proposed Beneficiary is a married woman, her own given names must be furnished, not those of her husband.
4. If a change of Beneficiary is desired in connection with more than one Policy, a separate application for change of Beneficiary must be completed for each Policy.

**Notice:** Any person, who with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.