



# American Life & Security Corp.

Executive Office

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## REQUEST FOR CORRECTION OF INSURED'S AGE

### Policy Number:

POLICY NUMBER 1	POLICY NUMBER 2	POLICY NUMBER 3	POLICY NUMBER 4

Insured's Full Name: \_\_\_\_\_

Correct Date of Birth of Insured: \_\_\_\_\_  
(month/day/year)

### INSTRUCTIONS:

- 1: Please attach a copy of any document showing proof of correct date of birth.
- 2: If you hold Power of Attorney or Guardianship for the owner of this policy and will be signing this form, please attach a copy of any POA/Guardianship documentation.

Date: \_\_\_\_\_

X \_\_\_\_\_  
Owner's Name (printed)

X \_\_\_\_\_  
Owner's Signature (Always Required)

\_\_\_\_\_  
Owner's email address

(\_\_\_\_\_) \_\_\_\_\_  
Owner-Day time phone: \_\_Home \_\_Cell \_\_Work

X \_\_\_\_\_  
Co-Owner's Name (printed)

X \_\_\_\_\_  
Co-Owner's Signature (Required if Co-Owner exists)

\_\_\_\_\_  
Co-Owner's email address

(\_\_\_\_\_) \_\_\_\_\_  
Co-Owner-Day time Phone: \_\_Home \_\_Cell \_\_Work