

Service Request

American United Life Insurance Company®
a ONEAMERICA® company
One American Square
P.O. Box 6002
Indianapolis, IN 46206-6002
1-800-537-6442

Pioneer Mutual Life Insurance Co.
A stock subsidiary of American United Mutual Insurance Holding Company
a ONEAMERICA® company
P.O. Box 6002
Indianapolis, IN 46206-6002
1-800-437-4692

The State Life Insurance Company
a ONEAMERICA® company
P.O. Box 406
Indianapolis, IN 46206
1-800-428-2316



Check all that apply: American United Life Insurance Company® Pioneer Mutual Life Insurance Company
 The State Life Insurance Company Golden Rule Insurance Company
Administered by The State Life Insurance Company

Hereinafter referred to as "the Company."

Please print all information with the exception of signatures.

Policy Number(s): _____

Insured: _____ Owner: _____

■ Name Change

Change name of: Insured Owner Payor Effective Date: _____

From: _____ To: _____

Reason: Marriage Divorce Correction Other _____

■ Address Change

Change address of: Insured Owner Payor

Previous: _____ Current: _____

■ Premium Mode Change

Change mode of payment to: Annual Semi-Annual Quarterly (not available on all products)

Effective with premium due on: _____

Note: Automatic premium deduction changes must be made on the Bank Draft Authorization form 8-18115.

■ Non-Forfeiture Option Change

Change policy to: Extended Term Insurance Fully Paid-up Reduced Paid-up

Reduced Paid-up (without dividends – Pioneer Mutual Life Insurance only)

Effective Date: _____

Signatures

Signature of Owner

Witness Signature (Required)

Signature of Joint Owner (When Required)

Witness Signature (Required)

Owner Telephone Number

Date

OPTIONS LISTED ABOVE MAY NOT BE AVAILABLE ON EVERY POLICY.

Send completed form to OneAmerica, P.O. Box 6002, Indianapolis, IN 46206-6002.

Send completed form for Variable Products to OneAmerica, P.O. Box 7127, Indianapolis, IN 46206-7127.

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Policy Number(s): _____

Insured: _____ Owner: _____

Dividend Option Change

Change the dividend option to: Paid in cash Accumulate with interest Reduce premiums
 Reduce loan (not available for Pioneer Mutual Life Insurance products)
 Purchase paid up additions (underwriting may be required)

USE POLICY CHANGE FORM # I-21431 FOR CHANGE TO ONE YEAR TERM OPTIONS OR CHANGE OF ACCUMULATIONS TO ADDITIONS.

Request For Dividends

Send check for \$ _____ Reduce loan on Policy Number _____
 Pay Premiums from _____ (Date) to _____ (Date) on Policy Number _____

Request for Policy Loan

Send check for \$ _____ Maximum Loan Value
 Pay Premiums from _____ (Date) to _____ (Date) on Policy Number _____

Additional Information

Signatures

Signature of Owner

Witness Signature (Required)

Signature of Joint Owner (When Required)

Witness Signature (Required)

Owner Telephone Number

Date

REQUIRED TO BE COMPLETED FOR LOAN REQUEST IN ALL COMMUNITY PROPERTY STATES (AZ, CA, ID, LA, NM, NV, TX, WA, WI).

Marital status: I am married (spouse's signature required below) I am not married
I, the owner's spouse, consent to this loan.

Signature of Owner's Spouse

Witness Signature (Required - Cannot be Beneficiary)

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