

**Aflac's Exchange of Policy Series
Application for Exchange of Policy
Application to American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, GA 31999**

Current Policy Number

Application is made to Aflac for the exchange of the above policy or policies which, together with all moneys and benefits accrued or to accrue, are hereby assigned, transferred, and surrendered to said Company in consideration of the issuance by said Company of the policy hereafter described.

In further consideration of the issuance of said policy in exchange, it is hereby declared and agreed that the undersigned have good right to assign, transfer, and surrender the above-numbered policy or policies; that neither said policy or policies nor any interest, moneys, or benefits secured are pledged, transferred, or assigned except to said Company; and that no bankruptcy proceedings have been taken by or against the Insured since said policy or policies were issued.

Please Print in Black Ink – To be Completed by Applicant		
Insured Name _____		
Last	First	MI
DOB _____		
Month/ Day/ Year		
Insured's Address _____		
Street or Post Office Box		Apt. No.
City _____	State _____	ZIP Code _____
Home Telephone (____) _____		Business Telephone (____) _____
Complete this information if requesting Payroll Deduction		
Name of Insured Employer _____		Department No. _____
Employee ID No. _____		Occupation _____

BENEFITS

Coverage for the Insured	Issue Age	Face Amount of Insurance
<input type="checkbox"/> Conversion Whole Life <input type="checkbox"/> Automatic Premium Loan Provision <input type="checkbox"/> Yes <input type="checkbox"/> No		

Billing Method	Mode	Premium
<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> 01 Monthly (B/D & C/C Only)	\$ _____
<input type="checkbox"/> Direct	<input type="checkbox"/> 03 Quarterly	\$ _____
<input type="checkbox"/> Bank Draft (B/D, C/C)	<input type="checkbox"/> 06 Semiannual	\$ _____
	<input type="checkbox"/> 12 Annual	\$ _____

(2) Name _____ % of Proceeds _____
Last Name First Name MI

Or Trustee(s) of _____
Name of Trust

Trust under trust agreement dated _____

Address _____
Street Address City State Zip

Telephone No. _____ SSN _____ - _____ - _____

Date of Birth _____ Relationship to Insured _____

Payment Authorization Agreement

I choose to pay by Payroll Deduction. Account No _____

Name of Account _____

I choose to pay by electronic draft.

Draftee Name _____
Last First M

Depository Name/Branch _____ City _____ State _____ Zip _____

Transit/ABA Number _____ Account Number _____ Checking Savings

I choose to pay by credit or debit card.

- Visa Credit card
- MasterCard Debit card
- American Express

Card Number _____ Expiration Date _____

Confirmation:

I authorize Aflac to initiate debit entries electronically to my account, indicated above, and I authorize the depository institution named above to debit same to such account. This authorization remains effective and in full force until Aflac and the depository/institution receive written notification from me of its termination in such time and in such manner to afford Aflac and the depository/institution a reasonable opportunity to act on it.

Signed and Dated at _____ on _____
City and State Date

Applicant's Signature _____

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____