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)

(herein referred to as Affac) 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.

Box	First	MI Apt. No.		
Вох	First			
Вох	First			
Вох		Apt. No.		
Вох		Apt. No.		
		Apt. No.		
		Apt. No.		
State				
State ZIP Code				
information if requestir	ng Payroll Deduc	tion		
Name of Insured Employer Dep				
e ID No Occupation				
ıred	Issue Age	Face Amount of Insurance		
s □ No				
Mode		Premium		
	& C/C Only)	\$		
☐ 03 Quarterly		\$ \$		
Bank Draft (B/D, C/C) ☐ 06 Semiannual				
	BENEFITS Ired Mode □ 01 Monthly (B/D □ 03 Quarterly	BENEFITS BENEFITS Ired Issue Age Mode 01 Monthly (B/D & C/C Only) 03 Quarterly 06 Semiannual		

BENEFICIARY INFORMATION

PLEASE NOTE: Your Beneficiary will be your estate unless otherwise indicated.

If you name a trust as your Beneficiary, please include full name of trust.

We do not recommend that you name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. We suggest you obtain legal advice before naming a minor child as your Beneficiary.

(1) Name	Last Name	First Name	MI	% of Proceeds	
o. 11do:00(0) 0	f	Name of Trust		<u> </u>	
Trust under tru	st agreement dated	l		<u> </u>	
Address	Street Address		City	State	Zip
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Telephone No.			SSN		
Date of Birth			Relationship t	o Insured	
(2) Name				% of Proceeds	
	Last Name	First Name	MI		_
Or Trustee(s) c	f	Name of Trust			
		Name of Trust			
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Trust under tru	st agreement dated	1			
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Address	Street Address		City	State	Zip
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Address Telephone No. Date of Birth ent Beneficiar (1) Name Or Trustee(s) of	Street Address Ty(ies): Last Name of st agreement dated	First Name Name of Trust	SSN Relationship t	State	ds must equa
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(2) Name	% of Proceeds					
(_,	Last Name	First Name	M	Ī		
Or Trustee(s)	of	Name of Trust				
Trust under tru	st agreement da	ted				
Address						
	Street Address		City	Sta	ate Zip	
Telephone No.			SSN			
☐ I choose to pay by	Payroll Deduct					
Name of Account						
☐ I choose to pay by	electronic draf	t.				
Draftee Name						
Last			First		M	
Depository Name/Bra	nch	(City	· · · · · · · · · · · · · · · · · · ·	State Zip	
Transit/ABA Number _		Acco	ount Number		□Checking	☐ Savings
☐ I choose to pay by	credit or debit o	ard.				
□Visa □MasterCard □American Express		□Credit card □ Debit card				
Card Number			Expiration	on Date		
Confirmation: I authorize Aflac to i institution named abothe depository/institution Aflac and the depository	ve to debit same on receive writte	to such account. Ten notification from	his authorization me of its termination	n remains effecti [,] nation in such tir	ve and in full force	until Aflac and anner to affor
Signed and Dated at _	City a	and State		on	Date	
Applicant's Signature						
Associate's/Agent's Sig	gnature					
Date	Δοοι	ociate's/Agent's Wri	tina Number		Sit Code	