

**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  
101 North 10th Street  
Fargo, ND 58102  
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*

\_\_\_\_\_  
*Owner Social Security 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.