

**Instructions for Completing
Policyholder Change Request Form**

*Products and financial services provided by
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Policyholder Information (please print):

Policyholder's Full Legal Name: This should match records on file with the Internal Revenue Service and Secretary of State's Office.
Include all punctuation and organization type, such as Inc., LLC, d/b/a.

Federal Tax ID #: Employer's 9-digit tax identification number (format xx-xxxxxxx)

Policyholder #: AUL policy number (format xxxxxx-xxxx)

Policyholder's Physical Address: Self-explanatory (P.O. boxes not allowed.)

State of Domicile: State in which policyholder resides

Date of Incorporation/Existence: Date company was incorporated/formed

Administrative Contact Person: Policyholder contact for insurance questions

Email Address: Policyholder contact's email address

Change of Policyholder Name Request (please print):

Attach copy of Articles of Amendment or Certificate of Assumed Business Name filed with Secretary of State, Policyholder Resolution showing change of name, and IRS Form W-9.

Previous Name: Company name prior to change

New Name: Company name after change

Federal Tax ID #: New Employer's 9-digit tax identification number (format xx-xxxxxxx) if changed as a result of company name change

Effective Date of Change: Date change occurred

Reason for Change: Reason company name changed (ownership change, sale, simply changed name, reorganization within company, etc.)

Change of Policyholder And Assignment/Transfer Of Coverage Request:

Select the appropriate box ("yes" or "no") for each question. Provide more detail in space given if answer is "yes".

Change of Policyholder Address Request (please print):

Input new address information if changed.

Change of Policyholder Contact Information (please print):

Input new contact information if changed.

Change of Policyholder Agent Of Record Request (please print):

Input new Agent of Record information based on any change to Agent of Record information previously reported.

Policyholder Representations and Signature:

If requesting a change, obtain signature, title, and printed name of the Employer's authorized representative.