

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
P.O. BOX 2549, WACO, TEXAS 76702-2549

**APPLICATION FOR INDIVIDUAL ACCIDENTAL DEATH AND
DISMEMBERMENT INSURANCE**

1. Proposed Insured _____
(first, middle, last name)

2. Address: Street _____ City _____ State _____ Zip _____

3. Phone (_____) _____ E-mail Address _____ @ _____

4. Age _____ 5. Date of Birth _____ 6. SS# _____
(mo. day yr.)

7. Occupation (Duties) _____

8. Primary Beneficiary _____ Relationship _____

Address _____

Contingent Beneficiary _____ Relationship _____

Address _____

9. Accidental Death Benefit Amount \$ _____ Premium \$ _____

10. Mode: Payroll Deduction Bi-Weekly Allotment Bank Draft Other

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signed at _____ Date of Application _____
City State

Agent _____ No.: _____
Signature Signature of Proposed Insured