

**A NO-COST
NO-OBLIGATION GIFT**

*Up To \$5,000
of No-Cost
Life Insurance**

**from Your Friends at the
American Amicable Group of Companies**



Life Insurance Underwritten by:

American-Amicable Life Insurance Company of Texas
Occidental Life Insurance Company of North Carolina
Pioneer American Insurance Company
Pioneer Security Life Insurance Company

* Accidental Death & Dismemberment Policy (Form No. 9428)

THIS IS A NO-COST, NO-OBLIGATION LIFE INSURANCE BENEFIT FOR YOU AND YOUR FAMILY

Accidental Death and Dismemberment (AD&D) insurance provides security and peace of mind. When income is lost because of a covered accidental injury or death, AD&D provides a monetary bridge for families to get them through the troubled times. It can help compensate for a major decline in lifestyle and income as a result of a covered injury or it can provide a critical source of emergency funds to survivors in the event of an accidental death.



Accidental Death and Dismemberment insurance is something you hope you will never, ever use. The time you spend with your family is priceless, and you wouldn't trade those special moments together for anything in the world. But what would happen if you accidentally died or lost a limb? Would your family be financially prepared?

OCcidental LIFE INSURANCE COMPANY OF NORTH CAROLINA
P.O. BOX 2595, WACO, TEXAS 76702-2595

**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

Signed at _____ Date of Application _____
City State

Agent _____ No.: _____
Signature Signature of Proposed Insured



Accidental Death & Dismemberment Coverage

Referral Information

Name Street Address

City State Zip Code Home Phone

Name Street Address

City State Zip Code Home Phone

Name Street Address

City State Zip Code Home Phone

Name Street Address

City State Zip Code Home Phone

Name Street Address

City State Zip Code Home Phone