

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
P.O. Box 6002
Indianapolis, IN 46206-6002
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: _____

■ Dividend Option Change

Change the dividend option to: ☐ Paid in cash ☐ Accumulate with interest ☐ Reduce premiums
☐ Reduce loan (not available for Pioneer Mutual Life Insurance products)
☐ Purchase paid up additions (underwriting may be required)

USE POLICY CHANGE FORM # I-21431 FOR CHANGE TO ONE YEAR TERM OPTIONS OR CHANGE OF ACCUMULATIONS TO ADDITIONS.

■ Request For Dividends

☐ Send check for \$ _____ ☐ Reduce loan on Policy Number _____
☐ Pay Premiums from _____ (Date) to _____ (Date) on Policy Number _____

■ Request for Policy Loan (unpaid loan interest is compounded)

☐ Send check for \$ _____ ☐ Maximum Loan Value
☐ Pay Premiums from _____ (Date) to _____ (Date) on Policy Number _____

Additional Information

Please send funds to EFT account on file.
Thank you!

Signatures

Signature of Owner

Witness Signature (Required)

Signature of Joint Owner (When Required)

Witness Signature (Required)

Owner Telephone Number

Date

REQUIRED TO BE COMPLETED FOR LOAN REQUESTS IN ALL COMMUNITY PROPERTY STATES (AZ, CA, ID, LA, NM, NV, TX, WA, WI).

Marital status: ☐ I am married (spouse's signature required below) ☐ I am not married
I, the owner's spouse, consent to this loan.

Signature of Owner's Spouse

Witness Signature (Required - Cannot be Beneficiary)

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.