Western American Insurance Company
P. O. Box 833879 ■ Richardson, Texas 75083-3879
972/699-2770

Irrevocable Clause

This is to certify that I, _____(policyowner) request an Irrevocable Clause be placed on my policy's cash values. The proceeds of policy number(s) _____ _____ can be used for death benefit only. The cash values are no longer available to the policyowner for a policy loan, withdrawal, or surrender.

Dated at_____ this _____ day of _____20_____.

Signed by policyowner: _____

Address: _____

_____

Telephone number: _____

Social Security number: _____

State of _____ }
}
County of _____ }

Before me, the undersigned authority, on this day personally appeared _____ _____ , known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose therein expressed.

Given Under My Hand and Seal of Office
This ____ day of _____, 2_____.

_____
(Notary Public)

Notary Public in and for _____
County, _____.

My commission expires: _____.