



17900 N. Laurel Park Drive
Livonia, Michigan 48152
Phone: 800-624-1662
Fax: 888-223-6534
membersvc@aaalife.com

Social Security Correction Form

INSTRUCTIONS:

This form must be completed in full. Only a completed, signed and dated form will be processed by AAA Life Insurance Company (the "Company").

Please sign, date and submit along with any required documents to the Company via mail, email or fax.

AAA Life Insurance Company
17900 N Laurel Park Drive
Livonia, MI 48152
Email: membersvc@aaalife.com
Fax: 888-223-6534

Please update records for:

AAA Life Insurance Company Contract #: _____

First Name: _____ Last Name: _____ Date of Birth: _____

Please update Social Security

Number/Taxpayer Identification Number to: _____

I, the person referenced above, hereby request that the Company, subject to the provisions of my Contract, process the change indicated on this form.

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.

Signature: _____ Date: _____