



American Century Life Insurance Company of Texas

1333 W. McDermott Dr., Suite 150

Allen, TX 75013

Phone (855) 966-1111

Fax (855) 855-0181

Request to Reinstate Policy

(for form L-222J Modified)

Name of Policy Owner: _____

Name of Insured: _____

Policy number: _____ Issue Date: _____

Please reinstate the above named policy effective at the date of this request.

Enclosed is a payment for \$ _____ to cover the amount of premium due on the policy.

Policy Owner Signature

Insured Signature

Date: _____

Agent Signature: _____