



**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:** \_\_\_\_\_