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

Irrevocable Clause

This is to certify that I request an Irre	evocable Clause	be placed on my polic	y's cash values. The
proceeds of policy number(s)			
			an be used for death
benefit only. The cash values are no l	longer available	e to the policyowner for	r policy loan or
surrender.			
Dated at	this	day of	20
Signed by policyowner:			
Address:			
-			
State of	_ }		
County of	} }		
Before me, the undersigned authority	v. on this day pe	ersonally appeared	
subscribed to the foregoing instrument			
the purpose therein expressed.			
		Given Under My Ha	and and Seal of Office
	Thi	s day of	, 2
		(Notary	Public)
	Not		
		inty,	