



CLIENT SERVICES
DEPARTMENT

Dear Policyholder:

Please choose one payment method and mail or fax the completed form to the address or fax number noted above. If you have any questions, please call our Client Services Department at (877)624-2249.

As owner of the policy(ies) noted below, I authorize you to make the mode of payment change as indicated below*:

POLICY: _____ INSURED: _____

<u>MODE</u>	<u>COST PER MODE</u>
ANNUAL	\$ _____
SEMI ANNUAL	\$ _____
QUARTERLY	\$ _____
ELECTRONIC FUND TRANSFER (EFT)	\$ _____ (Please complete separate Electronic Fund Transfer form)

***NOTE: Please check with your agent or contact the Home Office Client Services Department before submitting your request as there may be a cost due at this time. In addition, specific payment modes may not be available for all policies.**

Comments: _____

Please complete this section with all appropriate signatures and information. Missing data may delay processing.

DATE

OWNER SIGNATURE

AGENT/WITNESS SIGNATURE

OWNER SOCIAL SECURITY NUMBER

OWNER ADDRESS

TELEPHONE NUMBER