



CLIENT SERVICES DEPARTMENT

Name: _____

Address: _____

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: _____

MODE

COST PER MODE

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 not 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 NAME (PLEASE PRINT) _____

AGENT OR WITNESS SIGNATURE _____

OWNER SIGNATURE _____

() - _____

XX / XXX / _____

TELEPHONE NUMBER _____

OWNER SOCIAL SECURITY NUMBER (last 4 digits) _____

OWNER ADDRESS _____
