

CHANGE OF PREMIUM PAYMENT

Request is hereby made to change the method of paying premiums on Policy No. _____ and attached contracts, if any, upon the life of _____ so that, commencing on the _____ day of _____ premiums shall be payable every _____ months instead of in the manner heretofore effective.

Executed this _____ day of _____

Witness Signature of Insured or Owner ID No.

THE UNDERSIGNED HEREBY CONSENT TO THE ABOVE CHANGE

Witness Beneficiary

Witness Assignee

Amendment No. _____ to the above quoted policy attached thereto and forming an integral part thereof. It is hereby agreed that, instead of the premiums shown on the face of the above quoted policy and in the supplementary contracts attached to it, if any, a premium of _____ is payable from _____ and every _____ months thereafter
Specification fo Premium:

Dated at _____ this _____ day of _____

Assistant Secretary - Registrar

“INSTRUCTION FOR COMPLETING THIS FORM ARE IN REVERSE”

INSTRUCTIONS

Complete to double line and sign in DUPLICATE.

Must be signed by the insured or Owner; Also by the beneficiary if the right to change has not been reserved.

If the policy is Assigned, the form must also be signed by the Assignee.

Send both copies of form to Home Office for consent. One copy will be returned to be attached to the Policy.