Colonial Life

Payment Method Change Form

Section 1 – General information (please use blue or black ink to complete this form)

Insured's name: (As currently listed on the policy/certificate)			DOB:/		SSN:	
Address:		City:		State:	ZIP:	
Telephone: Mobile:			Email:			
Section 2 - Policy numbers related to this request (required to process)						
Section 3 - Premium payment method change (select only one option)						
□ 1. Deduct premiums monthly from my bank account. □ 1st-5th □ 6th-10th □ 11th-15th □ 16th-20th □ 21st-26th Your draft will occur on one of the dates within the range you have selected.			Signature of bank account owner			
Please include a voided check or Routing #			and Account #			
2. Bill me directly. (Choose one of the following)						
☐ Quarterly ☐		Semi-annually		☐ Annually		
Section 4 - Signatures required (this section MUST be complete in order for us to process your request)						
Special notice for Residents of a Community Property State: A spouse or former spouse may have an interest in life insurance proceeds or any accumulated cash value if the policy premiums were paid with community funds. It is your responsibility to consult your legal advisor to 1) ensure that any required consent from a spouse or former spouse has been received and 2) ensure that your spouse or former spouse will not be able to make a claim against any policy values and/or the proceeds in the event any policy benefits become payable.						
I have carefully read this request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy/certificate and that the company may require additional information or requirements. I certify that the policy/certificate is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings or bankruptcy or insolvency have been filed or are now pending. I certify the Social Security number and date of birth indicated are correct, and I hereby authorize Colonial Life to execute this request.						
Policy/certificate owner's signature				0	Date (MM/DD/YYYY)	
Assignee's signature (if any):			Date	Date (MM/DD/YYYY):		
Employer (for internal purposes only):						