



FAMILY BENEFIT LIFE INSURANCE CO.

ADMINISTRATIVE OFFICE:
PO Box 5205 | Frankfort KY 40602-5205
Phone: 866.440.1357 Fax: 502.875.7084

CHANGE MODE OF PREMIUM PAYMENT

Policy Number:

| | | | |
|-----------------|-----------------|-----------------|-----------------|
| | | | |
| POLICY NUMBER 1 | POLICY NUMBER 2 | POLICY NUMBER 3 | POLICY NUMBER 4 |

Insured's Full Name:

- ☐ ANNUAL
☐ SEMI-ANNUAL
☐ PREAUTHORIZED TRANSFER PLAN (PAT) - Monthly Only
(Attach new PAT card and voided check)

Date: _____

X
Owner's Name (printed) _____

X
Owner's Signature (Always Required) _____

Owner's email address _____

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Owner-Day time phone: ☐ Home ☐ Cell ☐ Work

X
Co-Owner's Name (printed) _____

X
Co-Owner's Signature (Required if Co-Owner exists) _____

Co-Owner's email address _____

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Co-Owner-Day time phone: ☐ Home ☐ Cell ☐ Work