

Symetra Life Insurance Company

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PREMIUM BILLING CHANGE REQUEST

nsure	ed	Policy Number
Owne	er (if other than insured) or Payor_	Relationship to Insured
Mailir	ng Address: (Owner's)	City State Zip Code
Home	e Phone No. (Work Phone No. ()
Payrr*Cre	Quarterly Billing* (3 months): Monthly Billing: ment Frequency changes to annua dit Card Payments available for ar HANGE OF SCHEDULED PREM Scheduled premium amount	□ EFT(Bank Draft) □ Direct Bill (Paper Bill) □ Credit Card** s): □ EFT(Bank Draft) □ Direct Bill (Paper Bill) □ Credit Card**
	Louis i dyment drait amount	\$
utur	Any and all past due premium e drafts, contact our customer sessing is completed before the Payment by Bank Draft or Cred draft from your checking account	s will be drafted immediately once the Electronic Fund Transfer is set up. To stop service department at least 5 days prior to the original draft date. This will ensure next draft takes place. Lit Card (EFT) - Please attach a copy of a voided check if you would like us to or complete the information below for the account from which you wish to
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