

CATHOLIC LIFE INSURANCE

1635 N.E. Loop 410 • PO Box 659527 • San Antonio, Texas • 78265-9527
(210) 828-9921 • (800) 262-2548 • Fax (210) 828-4629
Web www.cliu.com • Email MSCenter@cliu.com

PREMIUM TRANSACTION FORM

PLEASE PRINT LEGIBLY AND USE BLACK OR BLUE INK ONLY

CERTIFICATE INFORMATION

Certificate Number(s): _____

Note: Contact your Agent or our Membership Service Center for more information on any of the options below

PAYOR CHANGE

NEW PAYOR'S INFORMATION BELOW:

Name: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Physical Address (if different): _____ City: _____ State: _____ Zip Code: _____

Phone #(s): _____ Email: _____

PREMIUM CHANGE(S)

Method – Choose One:

Direct Bill

Bank Draft

(Specify desired draft day below. Provide a Voided Check and completed Bank Draft Authorization Form.)

Draft Day: _____

Frequency – Choose One:

Monthly (Only available for Bank Draft)

Quarterly

Semi-Annual

Annual

For UL & Annuity Only: Specify Bill Amount: \$ _____

Stop Billing/Bank Draft

*For UL Certificates: When deposits equal or exceeding the current monthly Cost of Insurance charges are not made into the Certificate, the difference will be deducted from the accumulated cash value. Eventually, the accumulated cash value may be depleted and the policy may become deficient.

ADDITIONAL DETAILS OR REQUESTS

SIGNATURE(S)

The undersigned represents and agrees that Catholic Life is furnishing this form and is participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. The undersigned's tax treatment under the Internal Revenue Code sections or otherwise and Catholic Life has neither responsibility nor liability for the undersigned's tax treatment under the Internal Revenue Code or otherwise.

I understand that neither the Catholic Life Insurance nor its representatives can give me tax or legal advice, and I assume full responsibility for the tax effects of this transaction.

Signature of Owner(s) (REQUIRED) _____

Date (REQUIRED) _____

Owner's Phone #(s): _____

Email: _____