

# CATHOLIC LIFE INSURANCE

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(210) 828-9921 • (800) 262-2548 • Fax (210) 828-4629  
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## 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)

Owner's Phone #(s): \_\_\_\_\_

Date (REQUIRED)

Email: \_\_\_\_\_