



# Change Mode of Premium Payment / Planned Premium

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INSURER: Fidelity & Guaranty Life Insurance Company  
Fidelity & Guaranty Life Insurance Company of New York

## Instructions

**USE THIS FORM TO UPDATE THE MODE OF PAYMENT WITH RESPECT TO YOUR LIFE INSURANCE POLICY.**

### RETURN COMPLETED FORM TO:

#### U.S. Mail

Fidelity & Guaranty Life  
Insurance Company  
Service Center,  
P.O. Box 81497  
Lincoln, NE  
68501-1497

#### Overnight

Fidelity & Guaranty Life  
Insurance Company  
Service Center,  
777 Research Drive  
Lincoln, NE  
68521

#### U.S. Mail

**New York Residents:**  
Fidelity & Guaranty Life  
Insurance Company of  
New York Service Center,  
P.O. Box 81337  
Lincoln, NE  
68501-1337

#### Phone

Customer Service  
888-513-8797

#### Fax

Life Insurance:  
800-281-5777

If your address has changed please fill out our Change of Name or Mailing Address form that can be found at [www.fglife.com](http://www.fglife.com). Please reference form ADMIN 5743.



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INSURER: Fidelity & Guaranty Life Insurance Company  
Fidelity & Guaranty Life Insurance Company of New York

## Owner

Policy Number:	Name: First / Middle initial / Last
Phone Number:	Email Address:

## New Premium Mode

Select the mode of payment to receive a premium notice annually, semi-annually, quarterly or monthly bank draft from your checking or savings account.

Change to: (select one)     Annual     Semi-Annual     Quarterly     Monthly<sup>1</sup>

<sup>1</sup> If you have selected monthly payments, you must also complete the Pre-Authorized Check (PAC) Authorization Form for policyholders, that can be found on [www.fglife.com](http://www.fglife.com).  
Please reference form ADMIN5778

## Changed Planned Premium

Use this form to update the planned premium amount with respect to your Universal Life Insurance policy. Indicate the amount of premium you plan to pay.<sup>2</sup>

Change Universal Life Planned Premium to: \$ \_\_\_\_\_

<sup>2</sup> The planned premium must meet the minimum premium requirements and you will be notified if the premium selected does not meet the requirements.

**Under penalties of perjury, I certify that the information provided above is correct and true.**

Owner(s) and/or Assignee(s) Name(s):	Joint Owner (if any) Name(s):	Other Required Name (if any):
Owner(s) and/or Assignee(s) Signature(s):	Joint Owner (if any) Signature(s):	Other Required Signature (if any):
Date:	Date:	Date: