SYMETRA®
FINANCIAL

Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135
1-800-796-3872
Fax 1-866-532-1361

Mailing address:
Symetra Life Insurance Company
PO Box 7902
London, KY 40742-7902

PREMIUM BILLING CHANGE REQUEST

Insured _____ Policy Number _____

Owner (If other than insured) _____ Date _____

Mailing Address: (Owner's) _____
Street City State Zip Code

Home Phone No. ( ) _____ Work Phone No. ( ) _____

☐ **CHANGE OF SCHEDULED PREMIUM AMOUNT ONLY: (Universal and Variable Universal Life policies only.)**

Scheduled premium amount should be changed to $_____

☐ **CHANGE OF PAYMENT MODE:**

ANNUAL BILLING (12 months)	☐ Direct Bill	☐ Credit Card (see below)
SEMI-ANNUAL BILLING (6 months)	☐ Direct Bill	☐ Credit Card (see below)
QUARTERLY BILLING (3 months)	☐ Direct Bill only	
MONTHLY BILLING	☐ Direct Bill	☐ EFT/Payment by Bank Draft (see below)

Note: Any and all past due premiums will be drafted immediately once the EFT set up is completed.

Payment by Bank Draft (EFT)

Payment by Bank Draft (EFT) - Authorization Form: Please attach a copy of a voided check if you would like us to draft from your checking account or complete the information below for the account from which you wish to have your future premiums paid by EFT.

Name on Account: Enter exactly as it appears on your check or deposit slip	_____
Account Type:	☐ Checking ☐ Savings
Bank Name:	_____
Routing Number:	_____
Account Number:	_____
To stop future drafts, contact our Customer Service Department at 1-800-796-3872	

Complete this section.

Payment by Credit Card

Credit card authorization form for semi-annual and annual repetitive premium payments only. Not available for quarterly or monthly payments.

Credit card option **not available** for variable universal life policies policy numbers beginning with SL, S0, or S1)

I hereby request and authorize the Company to charge my premium to my credit card account:

☐ VISA ☐ MASTERCARD ☐ DISCOVER

Expiration Date: _____

_____ _____
Printed Name of Cardholder **Signature of Cardholder** **Date**

Please submit the completed form with required documents to Symetra Life Insurance Company by fax: 1-866-532-1361, or by mail: PO Box 7902, London, KY, 40742-7902.

Symetra® and the Symetra Financial logo are service marks of Symetra Life Insurance Company.