



Trinity Life Insurance Company

ADMINISTRATIVE OFFICE
PO BOX 5205 • FRANKFORT, KY 40602-5205
Phone: (866) 440-1357 • Fax: (502) 875-7084

REQUEST FOR CHANGE IN PREMIUM PAYOR ONLY

Policy Number: _____

Insured's Full Name: _____

This request is only to change the premium payor of the policy.

Changing the person receiving the premium billing does not affect the ownership of the policy if the premium payor is different than the owner of the policy.

Name of the PREMIUM PAYOR: _____

Address of new payor: _____

Date: _____

X
Owner's Name (printed)

X
Owner's Signature (Always Required)

Owner's email address

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Owner-Day time phone: [] Home [] Cell [] Work

X
Co-Owner's Name (printed)

X
Co-Owner's Signature (Required if Co-Owner exists)

Co-Owner's email address

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Co-Owner-Day time phone: [] Home [] Cell [] Work