



PO Box 341899
Austin, TX 78734

Change of Payor Form

POLICY NO.: _____

INSURED: _____

When signed and returned by **Texas Service Life Insurance Company**, attach this information to your policy and store with your other important papers.

I hereby revoke all previous Payor designations, and elect to change the Payor of the above referenced policy(s) to:

CURRENT
PAYOR: _____

NEW
PAYOR: _____

ADDRESS: _____

I understand that the requested change will not become effective until the request is received, approved and recorded at the offices of TEXAS SERVICE LIFE INSURANCE COMPANY.

NEW PAYOR SIGNATURE

DATED THE _____ DAY OF _____, 20_____.

For Company Use ONLY

RECORDED by **TEXAS SERVICE LIFE INSURANCE COMPANY** on: ____/____/____

BY: _____

PRINTED NAME

SIGNATURE