



ASSURITY® LIFE INSURANCE COMPANY
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ASSURITY® LIFE INSURANCE COMPANY OF NEW YORK
 (844) 401-7585 • FAX (888) 255-2060
 Administrative Office • Post Office Box 82533, Lincoln, NE 68501-2533

Payment Option Changes

First, Middle, Last

Insured's Name _____ Policy/Certificate Number(s) _____
 Owner's Home/Cell Phone () / () Owner's Email Address _____

PREMIUM FREQUENCY

Change premium payment to: Annual Semiannual Quarterly *Monthly

*Direct monthly billing may not be available for your policy/certificate. To request that premiums be paid by monthly withdrawals from your bank account, complete the Automatic Bank Payment form.

For Universal Life Policies also specify the premium amount: \$ _____

PREMIUM PAYMENT OPTIONS

- Premium Offset—Use current and future dividends to pay annual premiums
 Apply excess annual dividend to: Dividend Accumulation Paid-up Additional Insurance
- Use Premium Deposit Fund to pay current and future premiums
- Change Life Policy/Certificate to Reduced Paid-up
- Change Life Policy/Certificate to Extended Term

NOTE: If your policy/certificate has a current loan against the cash value or is classified as a Modified Endowment Contract, converting to reduced, paid-up or extended term may create taxable gain. If you choose one of these options, complete the Tax Withholding section below. If the Tax Withholding section is left blank, we will NOT withhold taxes on any reportable gain, provided your Social Security or Tax ID number is on file.

TAX WITHHOLDING

Owner's Soc. Security/Tax ID No. _____ (Note certification above signature line.)

Tax Withholding: Yes No If Yes, Federal: \$ _____ or _____ % State: \$ _____ or _____ %

MISCELLANEOUS

Substitute Form W-9 information (Request for Taxpayer Identification Number and Certification): I, the Owner (or each Joint Owner), certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

 Date (MM/DD/YYYY)

 Signature of Owner

 Signature of Agent (if witnessed)

 Signature of Joint Owner

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.