Change Mode of Premium Payment / Planned Premium

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	Overnight	U.S. Mail	Phone	Fax
Fidelity & Guaranty Life Insurance Company Service Center, P.O. Box 81497 Lincoln, NE 68501-1497	Fidelity & Guaranty Life Insurance Company Service Center, 777 Research Drive Lincoln, NE 68521	**New York Residents:** Fidelity & Guaranty Life Insurance Company of New York Service Center, P.O. Box 81337 Lincoln, NE 68501-1337	Customer Service 888-513-8797	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. Please reference form ADMIN 5743.

Reset Form

Change Mode of Premium Payment / Planned Premium

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[1]

[1] 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.
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.[2]

Change Universal Life Planned Premium to: $ _____

[2] 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:**