



Payment Change Request FUNERAL PROTECTION PLAN

Issued by The Savings Bank Life Insurance Company of Massachusetts

Plan number:

Insured name:

Plan Owner name (if other than Insured):

1. Payment Details

Account holder name (including title)

Billing address

New monthly billing day (leave blank if no change required)

Billing day must be between the 1st and 28th of the month

Premium Payment may be made by credit/debit card or via direct debit from a bank account. Please complete the required details for your preferred payment method.

☐ Please direct debit the premium payment from my bank account

Bank name

Bank routing number

Bank account number

☐ Please direct debit the premium payment from my credit/debit card

Card Type (Visa, Mastercard, Amex)

Card Number

Expiry

CCV

2. Agreements

I authorize SBLI to charge my premiums to my checking/savings account. This authorization is to remain in effect until I request cancellation.

Signature of Plan Owner

Date

Signature of Account Holder (if not the Plan Owner)

Date

We're here to help

If you have any questions regarding this form, please feel free to **call our Customer Service Center at 1-855-552-4374**. An acknowledgement will be sent to you as soon as we've processed your request.