Going Beyond TOLIC
Trans-Oceanic Life Insurance Company Of America

Payment Method Change Request Form

Please write legible. All fields are required.

Information from the Policy Holder

Policy Holder's Name	SSN
Payer's Name	Payer's SSN
Address	ZIP Code
Phone Number	E-Mail

New Payment Method

☐ **Electronic Transfers:** ☐ Monthly (COM) ☐ Credit Card

Frequency ☐ Monthly ☐ Quarterly ☐ Semi Annual ☐ Annual

Bank information

☐ Checking Account ☐ Savings Account	Account number:	ABA routing number:
Name of Financial Institution:	Branch office:	Transfer day:

☐ VISA ☐ MasterCard ☐ American Express	Card number:	Security Code (CVC):
Expiration date: MM/AAAA	Name on the card:	Transfer day:

I hereby state that all the answers and statements contained herein are complete in details and are true.	Signed in
	Date MM / DD / YYYY

IMPORTANT NOTICE

Any person who knowingly and with the intention of damaging, committing fraud or deceiving an insurer submits a claim or request that contains false, incomplete or misleading information is guilty of a third degree felony.

Policy Holder's Signature

Payer's Signature

FOR OFFICE USE ONLY

Processed by: _____ **Date:** _____

8240 Exchange Drive, Suites Cloud 1 and 2, Orlando, Florida 32809
Policy Holder Support: : 1-800-981-8662 - **Email:** customerservice@tolic.com