



PREMIUM BILLING CHANGE REQUEST

To: Aflac-premium accounting
Attn: PHS
Via Facsimile
(800) 448-8922

From: _____

Date: _____

Re: Policy Number _____
Policy Number _____

Please change my billing to direct bill to my home address you have on file.

Please make this effective _____. If you are unable to make this change for bills due on the above date, or if my policy is in jeopardy of lapsing or if you have any questions at all, please call me at _____.

Signed,

(SIGNATURE)

(NAME PRINTED)