

# Payor Change Form

» Please complete each field in this form, then sign, date, and return it in the envelope enclosed. Please print clearly.

## Contract Information

**IMPORTANT:** All required fields must be correctly completed in order for this request to be processed.

Owner name <b>(required)</b>	Contract Number <b>(required)</b>	Insured name	
Owner Address <b>(required)</b>	City	State	Zip Code
Owner Date of Birth <b>(required)</b>	Owner SSN - last four digits <b>(required)</b>	Owner Phone Number	

## Payor Change Information

New Payor Name	Phone Number		
New Payor Address	City	State	Zip Code

## Read & Sign for Owner

I hereby designate the person named above as the Payor of this life insurance Contract. This change is to become effective on the premium due date following the recording of this request by New York Life. I acknowledge all premium notices will be sent to the Payor. If the premiums become past due, I understand a lapse notice will be sent to both the Payor and the Owner.

Owner Signature <b>(required)</b>	Date
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