



MODE CHANGE REQUEST

KEMPER LIFE 12115 LACKLAND RD. SUITE 100 ST. LOUIS, MO 63146

Change the premium for the policies shown below:

Premium Payor Name: _____ District: _____

Address: _____ Agency: _____

City, State, Zip Code: _____

Policy Number	Name of Insured	Premium Amount

† Change to PNO (if available) or keep PNO. This will change billing mode to Direct Bill (If EFT, please complete the EFT form C-0041.)

Billing Frequency: † Monthly † Quarterly † † Annually

The Company checked above to make the changes indicated above.

- E } Ÿ . Ÿ } v } (š Z Z v P u μ • š Œ] À Ç š Z } u % v Ç u] v] • š Œ Ÿ
- d K š Z Œ ‹ μ • š + Ÿ À š X