



MODE CHANGE REQUEST

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

Change the premium] o o] v P I } o o 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.

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