



Change of premium payment schedule

Policy no. _____

Policy no. _____

Policyholder

First name and last name/company name

Date of birth/
founding date of company

Street address

Postcode and town

Can be reached for questions at telephone number/E-mail address

Requested change in premium payment

New payment schedule:

- Monthly – only with standing order or direct debit
- Quarterly
- Semi annually
- Annually

Starting on: _____

- Payment by standing-order – not available in combination with premium bonus
- Payment by direct debit (form enclosed)

Important note

- Please note that the change in payment schedule will affect the premium.
- The change will take place on the next reference month of your policy.
- We will send you the adjusted policy on the next reference month of your policy.

Place and date

Signature of the policyholder