



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
- Quarterly
- Semi annually
- Annually

Starting on: _____

- Payment by invoice
- Payment by eBill (biller AXA Life Ltd must be activated in eBanking)
- Payment by direct debit (form enclosed)

Important note

- Please note that the change in payment schedule can affect the amount of the sum insured and the guaranteed benefits.
- The change will take place on the premium due date.

Place and date

Signature of the policyholder