

AMERICAN FAMILY LIFE INSURANCE COMPANY  
 6000 AMERICAN PKWY  
 MADISON, WI 53783-0001  
 1-800-MY AMFAM (1-800-692-6326)

**BILLING CHANGE – ALL LIFE INSURANCE POLICIES/ANNUITY CONTRACTS (except SIMPLE IRA's)**

|  |          |        |          |
|--|----------|--------|----------|
| <b>SECTION 1. GENERAL INFORMATION</b>  |          |        |          |
| Policy/Contract Number(s) _____  |          |        |          |
| Primary Insured/Annuitant's Name (first)   | (mi)     | (last) | (suffix) |
| <b>SECTION 2. BILLING AMOUNT CHANGE</b>  |          |        |          |
| Planned Premium: \$ _____ for Universal Life (UL) and Flexible Premium Deferred Annuity (FPDA).  |          |        |          |
| <b>SECTION 3. BILLING MODE CHANGE (CHECK BOX)</b>  |          |        |          |
| <input type="checkbox"/> <b>Automatic Funds Transfer (AFT) – Contact your agent</b><br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> Semiannual<br><input type="checkbox"/> Annual  |          |        |          |
| <b>Salary Deduction*:</b> <input type="checkbox"/> Agent Deduction <input type="checkbox"/> American Family Employee<br>*Submit this form with a <b>completed Salary Deduction Authorization form.</b>   |          |        |          |
| Agent Name _____   |          |        |          |
| (first)  | (middle) | (last) | (suffix) |
| Agent District Code _____  |          |        |          |
| Employee Name _____  |          |        |          |
| (first)  | (middle) | (last) | (suffix) |
| Employee Social Security Number (required) _____   |          |        |          |
| <b>SECTION 4. AGREEMENT (Read completely before signing)</b>   |          |        |          |
| THE UNDERSIGNED AGREE THAT: American Family Life Insurance Company (Company) is requested and authorized to take the action specified on this form. Any request is subject to the conditions and provisions of the policy/contract and the current rules and practices of the Company. |          |        |          |
| <b>SECTION 5. SIGNATURES</b>   |          |        |          |
| <b>Counterparts</b> - This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same agreement.  |          |        |          |
| Owner's Signature (If an entity, provide business/trust/organization name and officer/trustee's signature and title.)  |          |        | Date     |
| Signature _____  |          |        |          |
| Name of Business, Trust, Organization (if applicable) _____  |          |        |          |
| Officer/Trustee's Title (if applicable) _____  |          |        |          |
| Assignee's or Irrevocable Beneficiary's Signature (if any)   |          |        | Date     |