



Colorado Bankers Life Insurance Company
 5990 Greenwood Plaza Boulevard, Suite 325
 Greenwood Village, CO 80111
 (303) 220-8500
 (800) 367-7814

Plan Change Form

Name: _____ Participant #: _____

SSN: _____ Firm Name: _____

New Deductions Begin: _____

Please make the following changes to this plan:

I authorize my employer listed above to deduct from my earnings, such amounts as may now or hereafter be payable under the plan purchased through Colorado Bankers Life Insurance Company. If in any month the amount accumulated is insufficient for a full payment of the below schedule, disbursement shall first be applied to insurance premium and any balance to savings/investment. Any increases to life insurance/annuity will be to the annuity portion of the plan.

Plan Pay Periods:

- Weekly (52)
 Bi-Weekly (26)
 Semi-Monthly (24)
 Monthly (12)
 Quarterly (4)
 Semi-Annual (2)
 Annual (1)

NEW DEDUCTION BREAKDOWN

Product	OLD Pay Period Deduction	NEW Pay Period Deduction	Account Number (if possible)
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
		\$ _____	

Signature _____

Date _____