



POLICY REQUEST FORM

General Information:

Policy No. Product Name

Policyholder
Last Name First Name M.I.

Reason for the Request

CHANGE IN CREDIT CARD BILLING FORM

General Information:

Policy No. Product Name

Policyholder
Last Name First Name M.I.

Contact No. E-mail Address

Credit Card Details:

Name on Credit Card

Change to:

Credit Card No. - - -
(Last Four (4) Digits)

I hereby authorize YGC Corporate services, Inc., to deduct the premium amount from my above credit card.

**Signature over Printed Name
of Policyholder / Insured**

Date