[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]
[Date]

[Insurance Company Name]
[Department Name]
[Company Address]

Subject: Request to Change Premium Payment Frequency for Policy No: [Your Policy Number]

Dear Customer Service Team,

I am writing to formally request a change in the premium payment frequency for my insurance policy, number [Your Policy Number].

Currently, my premium is paid on a [Current Frequency - e.g., Monthly/Annual] basis. I would like to change this payment schedule to [New Frequency - e.g., Annual/Quarterly/Monthly], effective from the next billing cycle.

Please let me know if there are any adjustments to the premium amount resulting from this change or if there are specific forms I need to sign to complete this request.

Thank you for your assistance. I look forward to receiving confirmation of this change.

Sincerely,

[Your Signature]
[Your Printed Name]