

AUTOMATIC BANK DRAFT REQUEST FORM

SECTION A. Policy Information (You Must Complete This Section)

Policy Number _____

Insured _____

SECTION B. Request Details (You Must Complete This Section)

The undersigned payor of the referenced policy hereby requests automatic withdrawals from their bank account as follows:

Payment Frequency: Monthly Quarterly Semi-Annually Annually

Automatic Premium Payments are taken out of your account on the due date that is shown on your policy. You never have to worry about forgetting a premium payment or mailing it in time!

Premium Amount: Regular/Suggested Billed Amount

Specific Amount (For Flexible Premium Policies Only) \$_____

If policy is in arrears, please pay current using the bank draft information below
 Loan Repayment Amount: \$_____

SECTION C. Payor Information (You Must Complete This Section)

Name _____ **Relationship to Insured** _____ **Phone** (___) ____ - ____

Address _____ **Is this a new entity or mailing address?** Yes No

Bank Name & Address _____

Routing Number _____

Account Number _____

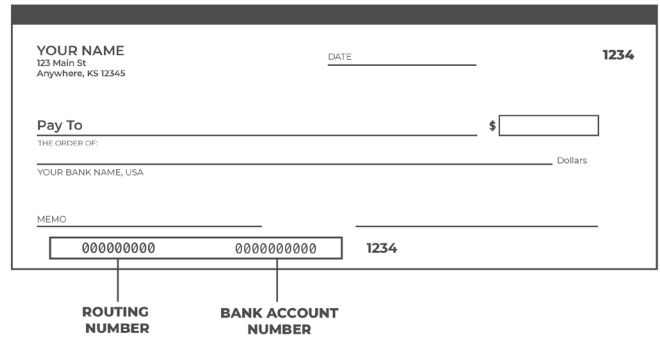
Account Type: Checking Savings

***For a Checking Account:** Enclose a voided check.

***For a Savings Account:** Enclose a deposit slip.

* Starter checks will not be accepted.

Check Diagram for Instructional Purposes Only.



SECTION D. Endorsement (The Account Holder Must Complete This Section)

If your automatic payment is to be taken on a weekend or holiday, such payment will be deducted on the next business day. Information as to each charge will be provided by an entry on your bank statement or by other advice from the bank. Deductions will be made on or after the date requested. In the event a charge is inadvertently not made, the Company may charge the account at a later date without notice. You will be notified prior to an increase in the deduction which may occur due to periodic changes in the premium due under the terms of your policy, if any. The Company may terminate this payment method at any time by providing you written notification. Each individual signing below certifies that he/she is of legal age, that the policy is not assigned and pledges that the policy is not subject to any bankruptcy proceeding, attachment, lien, or claim.

By signing the below, you acknowledge and agree to the statements mentioned above and hereafter. Your signature also certifies the account information provided to us to be true and certain and that you have authorization to use the account at your discretion.

X _____
Signature of Account Holder (Required)

Phone (___) ____ - ____
(Required)

Date _____

X _____
Signature of Witness/Notary Public (If Applicable)

Notary Stamp/Seal (If Applicable):

Date _____

**Under penalties of perjury, I, the Owner, certify that: The number shown in this document is my correct social security or taxpayer identification number, and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am not subject to backup withholding. I am a U.S. Citizen or resident alien or a domestic business entity. (If you are not a U.S. citizen or a U.S. resident alien, or a domestic business entity for tax purposes, please cross out this certification, complete and return IRS form W-8BEN, which can be located on www.irs.gov.)