

PRE-AUTHORIZED CHECK/WITHDRAWAL PLAN ("PAC")

POLICY NO. (For existing policies only)	INSURED	SCHEDULED AMOUNT (may increase)

Initial Payment (Only Check One Box)

- CHECK: Check this box if you are attaching a check for the initial modal premium.
- AUTOMATIC WITHDRAWAL: Check this box to have the initial modal premium withdrawn from the account listed below.

If a conditional receipt was issued along with this authorization, initial premium will be withdrawn/cashed upon receipt of the application by the Company. Unless a conditional receipt was issued along with this authorization, I/we agree this authorization shall not become effective for payment of the initial premium unless and until after a contract is issued and all other conditions of coverage set forth in the application have been met.

Complete the Following Information for Future Recurring Payments

<input type="checkbox"/> Monthly	<input type="checkbox"/> Withdraw on day of the month matching the policy's effective date (this will be elected if no box is checked)		
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Withdraw on a different day of the month; choose a day between 1 and 28 _____		
<input type="checkbox"/> Annual	<input type="checkbox"/> Premium(s)	<input type="checkbox"/> Loan Payment(s)	
<input type="checkbox"/> Semi Annual	<input type="checkbox"/> New Authorization	<input type="checkbox"/> Bank Change	<input type="checkbox"/> Account Change <input type="checkbox"/> Other _____

Account Information

TAPE VOIDED CHECK HERE

If not attaching void check or if withdrawing from Savings Account, complete the following information

Bank Name, Office or Branch

Bank Address City, State, Zip

List all Authorized Account Holders

Transit Routing Number

Account Number

Check one: Checking Savings

AUTHORIZATION FOR PARTICIPATION IN THE PAC PROGRAM

As a convenience to me, I request and authorize any of the Companies named above to make withdrawals, by draft or electronic transfer, from my account with the financial institution named for: (1) premiums becoming due (including premiums which have increased from the initial payment amount under the terms of the policy(ies) or due to changes made to the policy(ies)); (2) other amounts due under the policy(ies) listed above (including any amendments, endorsements or riders); (3) loan payments if authorized above or later agreed to by me; and/or (4) such other payments as I may authorize the Companies to make. I request that the withdrawals be on or before the day(s) when payments fall due. I request that this authorization, unless previously revoked, continue to apply to any conversion, renewal or change later made to the policy(ies). I understand that if a withdrawal is not honored for payment by the financial institution, with or without cause and whether intentionally or inadvertently, and the premiums are not otherwise paid within the grace period allowed by a policy, the policy may terminate.

As a convenience to me, I hereby request the financial institution named above (and its successors and assigns) to accept and honor the draft or transfer withdrawals made by the Companies from my account. I agree the financial institution shall be fully protected in honoring such draft or transfer.

This authorization shall take effect when recorded and processed by the Companies and financial institution and will remain in effect until I notify the Companies or the financial institution in writing to terminate and the Companies or financial institution have a reasonable time to act on the termination request. I hereby terminate any prior authorization of the Companies to initiate charges to this account for the above policy(ies) effective the date on which the initial charge is made under this authorization. I also understand and agree that if a withdrawal is not honored by the financial institution for any reason, the Companies may cease attempting to make withdrawals through the use of this authorization.

SIGNATURE OF AUTHORIZED ACCOUNT HOLDER

DATE

SIGNATURE OF POLICYOWNER IF NOT AUTHORIZED HOLDER



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