

PRE-AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

LOYAL AMERICAN LIFE INSURANCE COMPANYSM

THIS FORM MUST BE COMPLETELY FILLED OUT TO BE ACCEPTED

Proposed Insured's Name	Policy Number (Home Office Only)
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If the account to be drafted is a Dedicated (Checking or Savings) or Savings account, fill in the shaded boxes. If this is a Personal/Business Checking Account you must attach a voided check for processing. Staple voided checks on the box below.

SEG Name (Selected Employer Group) if applicable:	
Name of Financial Institution:	
Address & Phone Number of Financial Institution:	
Transit No. & Routing	Savings or Dedicated Account No.

Bank account is (Check appropriate box)

- | | |
|--|---|
| <input type="checkbox"/> Personal checking account | <input type="checkbox"/> Dedicated Draft Checking account |
| <input type="checkbox"/> Personal savings account | <input type="checkbox"/> Dedicated Share Savings account |
| <input type="checkbox"/> Corporate/Business checking account | |

Purpose for submitting this authorization (Check appropriate box/boxes):

- | | |
|---|--|
| <input type="checkbox"/> New pre-authorized payment plan | <input type="checkbox"/> Change in the Dedicated account noted above |
| <input type="checkbox"/> Change in checking account | <input type="checkbox"/> Change in bank |
| <input type="checkbox"/> Change in savings account | <input type="checkbox"/> Addition of new policy to plan |
| | <input type="checkbox"/> Change in existing coverage |

Desired date for withdrawal from checking/savings account. (Any date between the 1st and 28th of each month): _____

TOTAL AMOUNT OF PAYMENT FOR THIS POLICY \$ _____

Withdraw My Payment: _____ Monthly _____ Quarterly _____ Semi-Annually _____ Annually

APPLICANT INFORMATION FOR FINANCIAL INSTITUTIONS:

As a convenience to me, I hereby request and authorize you to pay and charge to my account, drafts drawn on my account by and payable to Loyal American Life Insurance Company provided there are sufficient funds in said account to pay the same on presentation. Such drafts will bear my printed name. This authorization shall remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such draft. I agree that your rights in respect to any such draft shall be the same as if it were a check signed personally by me. I further agree that if any such draft is dishonored, whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

APPLICANT INFORMATION FOR LOYAL AMERICAN LIFE INSURANCE COMPANYSM:

It is understood that the drafts will be drawn on or about the requested date each month. The presentation of such drafts to the above Financial Institution shall constitute notice of premiums being due upon the contract, and no other notice of premiums due will be given. No premium shall be deemed to have been paid unless and until actual payment of the draft drawn for such premium payment has been received by Loyal American. The cancelled draft will constitute receipt of premium payment. The privilege of paying premiums under this Plan may be revoked by Loyal American if any draft is not not paid upon presentation. The payment of premiums under this Plan may be terminated by the Contract Owner, Financial Institution Depositor if other than Contract Owner, or by Loyal American upon 30 days written notice.

Print name as it appears on account	Date
Signature of depositor	

I hereby authorize Loyal American Life Insurance Company to draft all back premium due for my insurance policy referenced above from this account.

L-3951 (R6/00)

Signed _____ Date _____