

Bank Authorization for Premium Payment

Policy or Group # _____

New Change

I authorize National Guardian Life Insurance Company ("the Company") to initiate deductions for the purpose of paying insurance premiums from the checking or savings account below and the named bank (or financial institution) to charge such deductions to my account in accordance with the terms and conditions on the bottom of this form.

I. General Information

Name on Account (Please Print): _____

Address: _____

City: _____ State: _____ Zip Code: _____

If paying by bank draft complete section II.

II. Bank Draft Authorization

Bank Name: _____ City: _____ State: _____

Please choose: Checking Savings

ABA Routing Number: _____ Account Number: _____

Option A: Select Draft Date: Please choose any day between the 1st and the 28th: _____ Month: _____

*The money will be drafted on the date selected or the next business day if it falls on a weekend or legal bank holiday.

Draft first premium immediately. Next premium payment will be on the date selected above.

OR

Option B: Schedule social security sensitive draft date:

I started receiving benefits:	<input type="checkbox"/> Prior to May 1997	<input type="checkbox"/> After April 1997		
The relevant birthday by which I receive my benefit payment is:	<input type="checkbox"/> 1 st – 10 th	<input type="checkbox"/> 11 th – 20 th	<input type="checkbox"/> 21 st – 31 st	
Recurring draft date:	<input type="checkbox"/> 3 rd of the month	<input type="checkbox"/> 2 nd Wednesday	<input type="checkbox"/> 3 rd Wednesday	<input type="checkbox"/> 4 th Wednesday

The recurring premium draft date will be determined by the date of the month in which you receive your benefits. If you receive benefits as a retired worker, your benefit draft date is based on your birthday. If you receive benefits based on someone else's earning record, your benefit payment date is based on their birth date.

Draft first premium immediately. Second premium payment will be drafted based on when Social Security benefits are paid.

IMPORTANT: PLEASE ATTACH A BLANK VOIDED CHECK

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

III. Agreement Provisions

I understand that if any draft/ debit is dishonored, with or without cause, the Company shall be under no liability whatsoever even though such dishonor may result in the forfeiture of insurance. This authority remains in effect until the Company receives written notification of its termination from me in such a time and manner as to give the Company and the Financial Institution a reasonable opportunity to act on it (30 days).

I acknowledge that I have read the provisions above and I expressly accept such provisions as a condition of authorization.

Signature: _____ Date: _____

Privacy Statement

Privacy laws protect you. The way in which we collect, use, disclose and handle your personal information is described in our Privacy Statement. Please contact us if you have any questions or would like a copy of our Privacy Statement.