



PREAUTHORIZED WITHDRAWAL

I authorize The Lafayette Life Insurance Company to initiate electronic fund transfer debits ("EFT debits") or to draw checks or drafts each month on the account at the bank or credit union named on the sample void check attached in the amount indicated to pay the premium, repay a loan or carry out the other purpose stated herein in connection with the below numbered policy or policies issued by the respective company. The issuing company is authorized to initiate EFT debits or to draw such checks or drafts in the necessary amount as provided in the policy, including the authority to increase the amount of the EFT debit or check if the policy provides for an increase in premium in the future.

A SAMPLE VOID CHECK OR SAMPLE VOID DRAFT MUST ACCOMPANY THIS FORM *(Please no deposit slips)*

I hereby request and authorize my bank and/or credit union to honor and charge to my account EFT debits and checks or drafts drawn on my account for the purposes stated above and made payable to The Lafayette Life Insurance Company for banking purposes. The signature on such checks or drafts may be either typed or printed.

This authorization does not modify or change the provisions of the policy or policies to which this authorization applies except any right of the owner(s) to receive a notice of payment due which is expressly waived. Neither the authorization or its use shall modify the provisions of the policy or policies with respect to nonpayment of any premium or days of grace.

The privilege of making payments by Preauthorized Withdrawal may be revoked if any EFT debit, check, or draft is not paid upon presentation.

If the authorization is later cancelled, payment must be paid quarterly, semiannually, or annually. If more than one policy is to be paid under this authorization, the Company may combine the monthly payments in one EFT debit, check, or draft.

Policy or Application Number	Name of Insured	Premium Amount \$10.00 Minimum	Other	Type of Account
				<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Withdraw payment on the _____ day (1st - 28th) of each month starting _____ .

NOTE TO AGENT: UNLESS REQUESTED OTHERWISE, FOR NEWLY ISSUED POLICIES THE WITHDRAWAL DATE 1. WILL BE THE SAME DAY AS THE POLICY ISSUE DAY (FOR A NEW MONTHLY WITHDRAWAL) OR 2. ADDED TO AN EXISTING MONTHLY WITHDRAWAL IF REQUESTED (UNIVERSAL LIFE POLICIES WITHOUT A ROLLOVER PAYMENT CANNOT BE DRAWN AFTER THE POLICY ISSUE DAY).

I request the company to withdraw the initial payment(s)* _____ (initials of depositor)

*Insurance is not effective until initial payment is honored by depositors bank

Bank _____ Please PRINT Name of Depositor's Account _____ Depositor Account Number _____

Bank Address _____ City / State / Zip _____

Signature of Depositor and Signature of Joint Depositor Signature of Policyowner Date
(Joint Depositor Must Sign) (If Other Than Depositor)