

AUTHORIZATION FOR ELECTRONIC FUNDS PAYMENT (ACH DEBIT/BANK DRAFTS)

By signing below, I hereby authorize National Benefit Life Insurance Company ("National Benefit Life") to electronically debit my account at the depository financial institution ("bank") listed below (and, if necessary, electronically credit my account to correct erroneous debits) through a recurring preauthorized monthly bank draft (the "Payment Plan") in the amount specified in the Life Insurance Policy (the "Policy") indicated below (each such debit being a "Payment Transfer") on or about the 25th day of each month (the "Draft Date"). I hereby represent under penalty of perjury that I am an authorized signer and user of the bank account designated below. By signing below, I also acknowledge that I have received and retained a completed copy of this Authorization for Electronic Funds Payments (ACH Debit/Bank Drafts) Form (the "Authorization Form"). By accepting the terms of this Payment Plan, I acknowledge and agree to the following terms and conditions:

- 1. Payment Plan Term and Termination.** Each Payment Transfer will take place once per month each month on the Draft Date, or, if the Draft Date falls on a weekend, bank holiday, or the month does not have the Draft Date, on the following business day, beginning on the first such date immediately after National Benefit Life's receipt and processing of this Authorization Form and continuing until expressly revoked by you in accordance with the terms of this authorization, or terminated by National Benefit Life or your bank. A Policy premium payment will be considered as having been made and received by National Benefit Life only if the Payment Transfer for that Policy premium is completed by your designated bank. The entry on your bank's account statement showing that a Payment Transfer has been made will be your notice of our receipt of the Payment Transfer. If a Payment Transfer is rejected, dishonored, returned, reversed or readjusted by your designated bank for any reason, including a stop payment order or for insufficient funds, **you will be responsible for any resulting charges or fees incurred by you or by National Benefit Life, and National Benefit Life may make a second attempt to have a Payment Transfer made from your account for the unpaid portion of Policy premiums due, unless such account has been closed.** The second attempt for a Payment Transfer will be made within 10 days of the Draft Date unless you have paid the required amount. Any subsequent Payment Transfer or any other payment will be applied toward back premiums and may not prevent a lapse of the policy for non-payment of premium(s). If National Benefit Life receives notice of the failure of our second attempt to have a Payment Transfer made from your account, and you do not elect another method of billing or provide another bank account within 30 days of receipt of such notice by National Benefit Life, your billing mode will automatically change to direct billing on a quarterly basis.
- 2. Revoking this Authorization.** You may revoke this authorization or change the account to be used for the Payment Plan only by submitting a written revocation to National Benefit Life Insurance Company at One Court Square, Long Island City, NY 11120-0001, or by calling our toll-free client services phone line at 1-800-222-2062. National Benefit Life must receive notice of revocation from you at least ten (10) days prior to the next scheduled date for a Payment Transfer.
- 3. Exclusion From Liability.** Neither National Benefit Life nor any of its affiliate companies will be liable for any loss, damage or expenses of any kind or nature, including the forfeiture of insurance, resulting directly or indirectly from, or in any way connected with the rejection, dishonor, return, reversal or readjustment of a Payment Transfer by your designated bank.

PLEASE RETAIN A COMPLETED COPY OF THIS AUTHORIZATION FORM FOR YOUR RECORDS.

Please complete the requested information below and mail this Authorization Form to National Benefit Life Insurance Company, Attn: PAC 44th Floor, One Court Square, Long Island City, NY 11120-0001. Allow 3-10 business days after receipt by National Benefit Life Insurance Company for this Authorization Form to be processed.

(Please Print)

PolicyNumber(s): _____ Insured'sName: _____

Policy Owner Name: _____

Policy Owner Street Address: _____

City: _____ State: _____ Zip Code: _____

Bank Name: _____

Checking Account Routing Number: _____ Account Number: _____

Bank Account Owner Name _____

Signature of Authorized Signer on Bank Account: _____ Date: _____

Instructions for Completing the AUTHORIZATION FOR ELECTRONIC FUNDS PAYMENT FORM

If you are currently using our Electronic Funds Payment Plan but are in the process of changing accounts or financial institutions, or if you wish to pay your monthly premium through this plan, please complete the authorization on the reverse side by following the instructions outlined below:

1. PLEASE PRINT ALL INFORMATION
2. Enter the policy number, insured's complete name.
3. Enter the policy owners name and complete address including any apartment number.
4. Indicate the Bank's name, Checking Account Routing number and Account Number.
5. Indicate the name of the owner of the Bank Account.
6. The Account holder/Authorized Signer must sign the form.
7. Attach a voided check from the account noted in item 4.
8. Mail the completed form and voided check to:

**National Benefit Life Insurance Company
Attn: PAC 44th floor
One Court Square
Long Island City, NY 11120-0001**

Should you have any questions concerning the Electronic Funds Payment Plan, or need assistance completing the form, please call a customer service representative at 800-222-2062. We will be happy to assist you.

NATIONAL BENEFIT LIFE INSURANCE COMPANY
ONE COURT SQUARE, LONG ISLAND CITY, NY 11120-0001
800-222-2062