ASSURITY® LIFE INSURANCE COMPANY
Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 276-7619 • FAX (402) 437-4591

Automatic PREMIUM PAYMENT

Name of Proposed Insured _____ Date Signed ___/___/___
First Middle Last *(MM/DD/YYYY)*

AUTOMATIC BANK WITHDRAWAL AUTHORIZATION

Name of Account Holder or Authorized Officer _____

☐ Initial premium only ☐ Recurring premiums only ☐ Initial and recurring premiums

If "Initial premium only" or "Initial and recurring premiums" is marked, the company's authority to debit from your account the first premium for this insurance does not begin until the date the policy is issued. The premium will not be deemed paid and no coverage will be in force until payment is initiated.

Type of Account: ☐ Checking ☐ Savings

Date of Withdrawal _____ Date ***cannot*** be the 29th, 30th or 31st. If no date is entered, the policy issue date will be used.

I hereby request and authorize Assurity Life Insurance Company, Lincoln, Nebraska, to initiate debit entries to my account listed below for premiums as selected above. I understand that initiating automatic payments may result in additional drafts to bring my account current. This authorization shall remain in effect until revoked by me in the manner provided by law. Until it receives notice of such revocation, I agree that Assurity Life Insurance Company shall be fully protected in honoring any debit to my account. I further understand if the date of the withdrawal is after the policy issue date and if the premium is not honored my policy may lapse and require evidence of insurability per the terms of my policy.

_____ _____ _____
Name of Financial Institution *Routing No. (9-digit number)* *Account No.*

_____ ___/___/___ (___)_____
Signature of Account Holder or Authorized Officer and Title *Date (MM/DD/YYYY)* *Telephone No.*

TO ENSURE CODING ACCURACY, SUBMIT VOIDED CHECK
(unless application is submitted electronically)

CREDIT CARD AUTHORIZATION

Name of Account Holder or Authorized Officer _____

☐ Initial premium only ☐ Recurring premiums only ☐ Initial and recurring premiums

If "Initial premium only" or "Initial and recurring premiums" is marked, the company's authority to charge the first premium for this insurance to your credit card does not begin until the date the policy is issued. The premium will not be deemed paid and no coverage will be in force until payment is initiated.

Type of Card: ☐ MasterCard ☐ Visa ☐ Discover

Date of Charge: ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th
If no date is selected, recurring charges will occur on the option date immediately prior to the policy issue date.

I hereby request and authorize Assurity Life Insurance Company, Lincoln, Nebraska, to initiate charges to my credit card listed below for premiums as selected above. I understand that initiating automatic payments may result in additional drafts to bring my account current. This authorization shall remain in effect until revoked by me in the manner provided by law. Until it receives notice of such revocation, I agree that Assurity Life Insurance Company shall be fully protected in honoring any charges to my credit card. I further understand if the date of the withdrawal is after the policy issue date and if the premium is not honored my policy may lapse and require evidence of insurability per the terms of my policy.

_____ _____ ___/___
Name as it appears on Card (Please print) *Card/Account No.* *Expiration Date (MM/YYYY)*

Credit card billing address _____
Street Address P.O. Box City State Zip+4

_____ ___/___/___ (___)_____
Signature of Account Holder or Authorized Officer and Title *Date (MM/DD/YYYY)* *Telephone No.*