



1701 Research Boulevard
Rockville, MD 20850
(301) 279-4800

AUTHORIZATION TO DRAW CHECKS IN PAYMENT OF LIFE INSURANCE PREMIUMS

Please type or print all items except signature(s)

AUTHORIZATION is hereby provided to Banner Life Insurance Company (hereafter referred to as "the Company") to draw a check each month upon my account at the

**ATTACH SAMPLE
PERSONAL CHECK**

_____ Full Name of Bank

_____ Street Address (Not P.O. Box) City / State / Zip

for the purpose of paying premiums on insurance on the following named persons:

Name of Insured (Please Print)	Policy Number or date of application for insurance if policy has not been issued

This authorization is revocable only upon receipt by the Company of a written revocation signed by me. I hereby agree that the mailing of checks to the designated bank shall constitute due notice of premiums being due upon the policy.

Signed at _____ this _____ day of _____ 20 _____
(city / state) (day) (month) (year)

X _____ X _____

Bank signature of Premium Payor(s) - Give Both signatures if Joint Account

AUTHORIZATION TO HONOR CHECKS

To _____ Bank

Bank Address _____
(Street Address (Not P.O. Box)) (City) (State) (Zip)

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn on my account by and payable to the order of Banner Life Insurance Company of Rockville, MD, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to 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 check.

I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Banner Life Insurance Company is instructed to forward this authorization to you.

X _____ X _____
Bank signature of Premium Payor(s) - Give Both signatures if Joint Account

Date Depositor's Bank Account No.

To: The Bank named above.

So that you may comply with your depositor's request, the Company agrees

- (1) To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or order, whether or not genuine, purporting to be executed or issued by or on behalf of the undersigned Company, and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonably incurred in connection therewith.
- (2) In the event that any such check, draft or order shall be dishonored whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a forfeiture of the insurance.
- (3) To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.



Gene Gilbertson
Sr. Vice President and Treasurer

Authorized in a resolution adopted by the Board of Directors at Banner Life Insurance Company on April 15, 1981.
(Formerly Government Employees Life Insurance Company.)