

The Bank Service Plan



“Just One Less Thing You Have To Worry About.”

By applying for the BANK SERVICE PLAN, you can save time in paying bills and money for postage. Most importantly, your coverage won't lapse because a payment was overlooked.

With the BANK SERVICE PLAN, you enjoy the privacy and convenience of having your premiums deducted automatically each month from your checking account. And you have the assurance of knowing that your premiums will be paid on time.

The BANK SERVICE PLAN offers you...

Automatic Payments — You tell us when to deduct your premium from your checking account each month.

No Postage To Pay — Because you won't have to send us a check every month, you save on postage rates.

A Secure Way To Pay — No more worries about your coverage lapsing because your check got lost or delayed in the mail. It's all handled for you automatically.

For more information on this type of payment method, or any of the other outstanding services provided, just call **(402) 342-7600** or write to us at:

Mutual of Omaha Plaza, Omaha, Nebraska 68175-0001

How to Sign Up

1. Complete both forms below, making sure to write your name as shown on your checking account. Be sure to keep your copy of the Authorization Form in a secure place.
2. Send your check for the amount indicated in the enclosed letter. We'll use the account number on your check to put your BANK SERVICE PLAN (BSP) payments into effect. So it's important your check is from the account you want your payments withdrawn.
3. Return your completed Authorization Form with your check in the envelope provided.

Each month, a preauthorized withdrawal is prepared for the exact amount of the premium and is sent to your financial institution. The amount of the preauthorized withdrawal is deducted from your account balance and will appear on your monthly statement.

The preauthorized withdrawal will be sent to your financial institution on the specified day, and your premium is paid until the next month when the process is repeated.

It's that simple — so sign up today and begin making your insurance payments the modern, convenient way.

Please Sign and Date Each Portion

Authorization to withdraw funds by Mutual of Omaha Insurance Company, United of Omaha Life Insurance Company, and/or Exclusive Healthcare, Inc., Omaha, Nebraska

As a convenience to me, I authorize you, my financial institution, to pay from my account any checks, drafts or preauthorized electronic fund transfers from my account to the appropriate Company(ies) listed above. Your rights with each charge will be the same as if personally paid by me. This authorization will be effective until I give you at least three business days' notice to cancel it. If notice is given verbally, you may require written confirmation from me within 14 days after my verbal notice.

X _____ **X** _____ **X** _____
Date Authorized Signature as Shown on Account Joint Account or Other Authorized Signature

Address Inquiries to: Mutual of Omaha Plaza — Omaha, Nebraska 68175-0001

◀ (CUSTOMER COPY — RETAIN FOR YOUR RECORDS) ▶
Detach Here and Return With Your Check

Bank Service Plan Request Form

I. List the policies/certificates/I.D. number/contract to be paid by your checking account:

(1) _____ I.D. Number Customer	(4) _____ I.D. Number Customer
(2) _____ I.D. Number Customer	(5) _____ I.D. Number Customer
(3) _____ I.D. Number Customer	(6) _____ I.D. Number Customer

II. Complete the following only if you are adding the above coverages to an existing BSP account:

_____ Insured under Existing BSP _____ Existing BSP Contract Number

III. Specify the date premiums will be withdrawn:

Mutual, Exclusive Healthcare, Inc. Coverages: 1st of the Month or 15th of the Month
United, Coverages: _____ (1st through 28th)

IV. Attach your check from the account premiums will be withdrawn.

Authorization to withdraw funds by Mutual of Omaha Insurance Company, United of Omaha Life Company, and/or Exclusive Healthcare, Inc., Omaha, Nebraska

As a convenience to me, I authorize you, my financial institution, to pay from my account any checks, drafts or preauthorized electronic fund transfers from my account to the appropriate Company(ies) listed above. Your rights with each charge will be the same as if personally paid by me. This authorization will be effective until I give you at least three business days' notice to cancel it. If notice is given verbally, you may require written confirmation from me within 14 days after my verbal notice.

X _____ **X** _____ **X** _____
Date Authorized Signature as Shown on Account Joint Account or Other Authorized Signature

Return This Form With Your Check