

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT

1. AUTHORIZATION TYPE *(Check all that apply)*

- New EFT Account Set-up (complete all sections of this form).
- Add a policy to an existing EFT account (complete items 2 and 4). Provide one policy number on the existing account: _____
- Change Financial Institution Account (complete all sections of this form; only those policies listed will be changed).
- If the Company accepts my application for the below referenced policy, I authorize the Company to (i) deduct the initial premium required under the policy from my account to place such policy in force; (ii) deduct all subsequent premiums required under the policy, and (iii) increase the deduction from my account to pay the cost of One-Year Term Additions under any Term and Paid-Up Additions Combination Rider attached to the policy if and when necessary.

2. POLICY INFORMATION

Draft Date must be the 1st-28th day of the month only. If no day is specified, the default Draft Date is the 15th day of each month.*

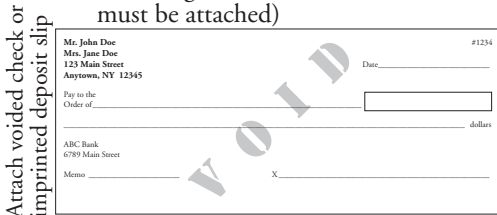
Policy Number(s)	Insured Name(s)	Draft Date	Premium Deduction	Loan Repayment	Monthly Loan Repayment Amount**
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

***All Life Insurance Policies must be paid to or beyond the draft date. Therefore, in order to ensure the policy is current in its premium payments, if you selected a draft date, you may be notified at least five days in advance that a special draft will be done to pay the policy to or beyond the selected draft date.**

****Until loan is paid in full. Minimum \$10.00**

3. ACCOUNT TYPE

- Checking (A check marked "VOID" must be attached)
- Savings (Imprinted deposit slip or letter from bank official, to include the following, must be attached)
 - Financial Institution _____
 - Branch Address _____
 - Branch Phone No. _____
 - Financial Inst. Routing and Transit Number _____
 - Account Number _____



4. TERMS, CONDITIONS AND SIGNATURES

I authorize, and I hereby confirm that I am entitled to authorize, Security Mutual Life Insurance Company of New York (the Company) to make deductions for the purpose of making premium payments or monthly loan repayments on the policy(ies) from the above referenced Financial Institution account. These deductions will be withdrawn electronically or with a paper check. I understand and agree that:

1. Deductions will be drawn monthly on or about the date indicated above (other than the 29th, 30th or 31st), and the Company will not be required to give notice of premiums coming due.
2. If any deduction is not honored on presentation and if sufficient premium is not paid within the policy's grace period, the policy will lapse in accordance with its terms.
3. EFT Payment will be automatically revoked by the Company if any two deductions within any twelve month period are not paid on presentation.
4. EFT Payment shall not be construed as a modification of any of the provisions of the policy.
5. EFT Payment may be discontinued at any time by the Company, the Premium Payor, or the Financial Institution, by giving 10 days' written notice.
6. If EFT Payment is terminated, policy premiums or loan repayments falling due thereafter shall be payable directly to the corporate office of the Company in accordance with policy provisions.
7. Notification of account change must be received no less than 15 days prior to the next deduction.
8. Payment of premiums other than annually may result in an additional expense (this does not apply for a Universal Life Policy).
9. Deduction requests will be presented twice to your Financial Institution before being returned as "unpaid". The Company assumes no responsibility for determining your authority to act on behalf of the above referenced account, nor for Non-sufficient Fund Fees (NSF Fees) assessed by your Financial Institution. To prevent overdrawing your account, consider overdraft protection. See your Financial Institution for details.

By signing this document I agree that a copy of this document transmitted by facsimile or other electronic means shall be as valid and binding as the original executed document. I hereby indemnify and hold Security Mutual harmless from any liability incurred by Security Mutual in reliance on my signature to this Authorization.

Signature of Accountholder
(If a Business Account, we require the signature and title of the person authorized to sign on behalf of the business.)

Print Name of Accountholder

Date of Signing

Signature of Joint Accountholder(s)
(If required by the Financial Institution)

Print Name of Joint Accountholder

Date of Signing