

With respect to any **Conditional Insurance Rider** issued on any life insurance policy above, I/we authorize the Company to increase the EFT Transaction amount(s) to pay the Premiums for any increase in coverage provided under such Rider: (i) up to \$17.34 per month starting on or about the first policy anniversary date, and **recurring thereafter** and, if eligible; (ii) an additional amount of up to \$17.34 per month starting on or about the second policy anniversary date, and **recurring thereafter**.

I/we authorize the Financial Institution to accept this Authorization.

In consideration for honoring this request, I/we understand and agree to the following conditions:

1. The Company will initiate periodic EFT Transactions on or about the Payment Date for each month in which a Premium payment is due. If no Payment Date is specified, the default Payment Date will be the **15th** day of each month (or, if the Payment Date falls on a weekend or holiday, the next business day). I/we recognize that the Premiums are due and authorize any required notice of Premium due be waived. Unless required under applicable laws, the Company will not be required to give notice of upcoming payments or Premiums coming due.
2. I/we have the right to receive at least 10 days' notice of any EFT Transaction Amount that varies from the EFT Transaction Amount(s) above. However, for convenience, I/we only want to receive notice of a varying EFT Transaction Amount if it varies by more than \$100 from the EFT Transaction Amount(s) above. If I/we want to receive notice of every varying EFT Transaction Amount in the future, I/we will contact the Company at (888) 257-0364.
3. If the Account is held jointly with one or more persons, I verify that I have permission to authorize the Company to process EFT Transactions from the Account, and I agree to indemnify and hold the Company harmless from any liability incurred by the Company with respect to any joint accountholder.
4. Subject to applicable laws, the Company reserves the right to recover any erroneous EFT Transactions.
5. If any EFT Transaction is not honored on presentation and if any Premium is not paid within the grace period, the policy will lapse and have no further value, except as otherwise provided in the policy in accordance with its terms;
6. This Authorization shall not be construed as a modification of any of the provisions of the policy;
7. This Authorization may be discontinued by the Company, the Payor or the Financial Institution by giving 10 days' written notice to the parties;
8. If this Authorization is terminated, Premiums falling due thereafter shall be payable directly to the Company;
9. EFT Transactions will be presented three times to the Financial Institution before being returned as "unpaid" and I/we are responsible for any fees charged by the Financial Institution in connection with this Authorization, including any fees charged due to lack of sufficient funds in the Account; and
10. I/we hereby authorize the Financial Institution to disclose any non-public personal information as necessary to effect, administer or enforce the payment of policy Premiums. This includes, but is not limited to, the Account number, social security number(s) and verification of an existing direct deposit or payroll deduction to the Account.

By our signatures below, we acknowledge that we understand and agree to the terms and conditions set forth above:

<p>_____ Signature of Payor <i>(If the Account is a business account, the signature and title of the individual authorized to sign on behalf of the business is required.)</i></p>	<p>_____ Print Name of Payor Date</p> <p>Payor contact information (if different than Policyowner): Address: _____ _____ Daytime Phone Number: _____ Email Address: _____</p>	
<p>_____ Signature of Policyowner <i>(if different than Payor)</i></p>	<p>_____ Date</p>	<p>_____ Relationship of Payor to Policyowner</p>
<p>_____ Signature of Joint Accountholder</p>	<p>_____ Print Name of Joint Accountholder</p>	<p>_____ Date</p>