



Pre-Authorized Withdrawal

POLICY NUMBER(S)

FINANCIAL INSTITUTION INFORMATION

The Lafayette Life Insurance Company ("LLIC") is authorized to: cancel all prior Electronic Fund Transfer Debits ("EFT Debits"); begin EFT Debits or, alternatively, to draw checks or drafts (collectively referred to as "Withdrawals") from My Account; begin Withdrawals from My Account in the amount as provided in the policy. I further request and authorize my financial institution to honor and charge to My Account all Withdrawals for the purposes stated in this form and made payable to LLIC for banking purposes. I understand and agree that: this authorization does not modify or otherwise change the provisions of the policy/policies to which this authorization applies except any right of the owner(s) to receive a notice of payment due which is expressly waived; neither this authorization nor its use shall modify the provisions of the policy/policies with respect to nonpayment of premium or days of grace; the privilege of making payments by Preauthorized Withdrawal may be automatically revoked by LLIC if any Withdrawal is not paid upon presentment; LLIC has no responsibility for any charges assessed by the financial institution if a Withdrawal is returned for insufficient funds ("NSF"); LLIC has no obligation or duty to attempt a re-draft on My Account in the event of an NSF; if this Preauthorized Withdrawal is cancelled or revoked, payments must be paid quarterly, semiannually, or annually; and, if more than one policy is to be paid under the Preauthorized Withdrawal, LLIC may, at its sole discretion, combine the payments from My Account in one Withdrawal.

I authorize LLIC to withdraw up to two full premiums to be drafted to keep my premium payments current.

To request this service, please complete this authorization form and provide a voided check OR complete the Bank Information section below. The bank account holder must sign the authorization. Joint checking accounts require both parties' signatures.

ACCOUNT HOLDER NAME

JOINT ACCOUNT HOLDER NAME

ACCOUNT HOLDER ADDRESS

ACCOUNT HOLDER TELEPHONE NUMBER

CITY

STATE

ZIP

FINANCIAL INSTITUTION NAME

ROUTING NUMBER

ACCOUNT NUMBER

Type of Account (check one): Checking Savings

FOR POLICY OWNER PORTAL

I request to have the Bank Account Information listed above used only for online payments on the policy owner portal.



ONE-TIME DRAFT

I (we) authorize a withdrawal in the amount of \$ _____ on _____ Policy _____.

To be applied as:

Premium \$ _____ Loan \$ _____ Deposit Fund \$ _____.

LPUA* \$ _____ FPUA \$ _____ SPUA*** \$ _____.**

* Only check if policy has a Level Premium Paid-Up Additions Rider (LPUA).

** Only check if policy has a Fixed Premium Paid-Up Additions Rider (FPUA).

*** Only check if policy has a Single Premium Paid-Up Additions Rider (SPUA).

INITIAL PREMIUM DRAFT

By checking this box, you understand and agree for a newly applied for policy that the initial premium draft will occur on the date the policy is approved and issued by LLIC or, if later, the date this form is received by LLIC. No insurance takes effect unless and until all the terms and conditions for coverage are met, including, but not limited to, payment of the initial premium.

By checking this box, I authorize LLIC to draft any outstanding premiums required to activate the policy.

RECURRING PAYMENTS

POLICY NUMBER

NAME OF INSURED

I (we) authorize and request a withdrawal in the amount of \$ _____.

To be applied as:

Premium \$ _____ Loan \$ _____ LPUA* \$ _____

Deposit Funds \$ _____ FPUA\$ _____.**

Withdrawal Date (Start Date - Month/Day/Year) _____.

Must be between the 1st and 28th and no more than 12 days after the premium due date. If left blank, will coincide policy date.

To Occur on a Monthly Quarterly Semi-Annual Annual Basis

POLICY NUMBER

NAME OF INSURED

I (we) authorize and request a withdrawal in the amount of \$ _____.

To be applied as:

Premium \$ _____ Loan \$ _____ LPUA* \$ _____

Deposit Funds \$ _____ FPUA\$ _____.**

Withdrawal Date (Start Date - Month/Day/Year) _____.

Must be between the 1st and 28th and no more than 12 days after the premium due date. If left blank, will coincide policy date.

To Occur on a Monthly Quarterly Semi-Annual Annual Basis



RECURRING PAYMENTS - Continued

POLICY NUMBER

NAME OF INSURED

I (we) authorize and request a withdrawal in the amount of \$ _____.

To be applied as:

Premium \$ _____ Loan \$ _____ LPUA* \$ _____

Deposit Funds \$ _____ FPUA**\$ _____.

Withdrawal Date (Start Date - Month/Day/Year) _____.

Must be between the 1st and 28th and no more than 12 days after the premium due date. If left blank, will coincide policy date.

To Occur on a Monthly Quarterly Semi-Annual Annual Basis

* Only check if policy has a Level Premium Paid-Up Additions Rider (LPUA).

** Only check if policy has a Fixed Premium Paid-Up Additions Rider (FPUA).

DISBURSEMENT / AUTHORIZATION FOR DIRECT DEPOSIT

For direct deposit, please check the box below:

I (we) authorize Lafayette Life to credit my (our) account at the above named financial institution. I (we) authorize the financial institution to debit my account and to refund any overpayments to Lafayette Life.
Bank account must be owned by the policy owner in order to disburse funds. Lafayette Life will not disburse to a third party.

CERTIFICATION AND AUTHORIZATION

Print Here _____
ACCOUNT HOLDER

Sign Here _____
SIGNATURE OF ACCOUNT HOLDER

Date _____

Print Here _____
JOINT ACCOUNT HOLDER (if applicable)

Sign Here _____
SIGNATURE JOINT ACCOUNT HOLDER (if applicable)

Date _____

Print Here _____
POLICY OWNER

Sign Here _____
SIGNATURE OF POLICY OWNER

Date _____

