



Electronic Funds Transfer (EFT) Authorization

PAYMENT INSTRUCTIONS

Policy/Contract Number: _____ Insured/Annuitant: (Full name) _____ Agent: _____ Effective/Start Date: _____

- The depositor will pay on multiple policies including: _____
- Check this box if you would like to have one deduction from your bank account for all policies drafting on the same date from this bank information.

Payment Type	Frequency	Amount	Draft Date (Select 1-31) <i>(If no date, will align with effective date)</i>
<input type="checkbox"/> Initial Premium <i>(please bill me after this amount)</i>	N/A	\$	
<input type="checkbox"/> Initial Premium <i>(I will pay recurring EFT as indicated below)</i>	N/A	\$	

<input type="checkbox"/> Recurring Premium Note: For Whole Life or Term policies drafts must align with the policy anniversary. Therefore monthly deductions may be required for a short period.	<input type="checkbox"/> Monthly <i>(default if nothing is selected)</i> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	\$	
	<input type="checkbox"/> Recurring Loan Payment <i>(this is used if you have a loan on your policy and would like to pay it back)</i>	<input type="checkbox"/> Monthly <i>(default if nothing is selected)</i> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	\$

Please check this box if you agree that the initial premium may be deducted if it is **within \$25** of the amount included above. You will be given prior notification for initial premium amounts that exceed this \$25 limit.

BANK INFORMATION Attach a voided check or deposit slip to ensure accuracy.

National Life Group has my banking information on file. Please use same account as policy: _____
 Name of Bank: _____ Name(s) on Account and Relationship to Insured/Annuitant if different: _____

Account Type: Checking Savings

Bank Routing No. (Cannot begin with 5)

Customer Account No. (Do not include check number)

AUTHORIZATION

I (we) request and authorize you to charge my (our) bank account, by pre-authorized electronic fund transfer for the purpose of paying premiums, loan repayments, or making deposits towards policies/contracts listed above (and/or attached). I (we) understand that recurring premiums will be initiated on my (our) chosen draft date, however, may take several days to clear.

Depositor's Signature: _____ Date: _____ Owner's Signature (if other than Depositor): _____ Date: _____

Depositor's Mailing Address: _____

Depositor's E-Mail Address: _____ Depositor's Phone Number: Home Mobile Work

Electronic Funds Transfer (EFT) Authorization - Continued

Required Fields: Policy/Contract Number, Insured/Annuitant, Payment Type, Amount, Bank Information, Signatures. If any of these fields are left blank a 10-day notice may apply or it may cause a delay in processing.

The Electronic Funds Transfer (EFT) Payment Plan provides you with a safe, effective, and convenient method of paying your insurance premiums directly from your checking or savings account on a recurring basis.

Special Instructions: This form is for National Life Insurance Company and Life Insurance Company of the Southwest (the Company) insurance products ONLY. Follow the instructions below and have the customer sign the form and return it to efsteam@nationallife.com.

When completing this form:

1. Complete Policy/Contract Number and Insured/Annuitant name. If this form is to be used for multiple policies, the affected policy numbers must be listed.
2. Check the box in the Payment Information section if you would like one deduction from your bank account for all policies using the same bank information on the same draft date.
3. For newly issued policies, if you would like to draft the initial premium please complete the Initial Premium section.
4. Draft Date: If left blank, but a Payment Type is checked, we will align the payment to the policy effective date. If your draft date is the 29th, 30th, or 31st and the current month does not have that many days, your draft will occur on the last day of the month.
5. Check the box in the Payment Information section if you agree to waive the notification period if your initial premium amount increased within \$25 of the original premium amount indicated. The premium amount may change due to the Underwriting approval process or if the amount indicated does not match your current minimum premium based on the frequency you have selected.
6. Attach a deposit ticket or voided check and indicate what type of account, i.e. checking or savings. This ensures accuracy, and is strongly encouraged. If one is not submitted please complete Bank Information section based on copy of check below. The Company reserves the right to require a voided check. (Note: an ACH routing number cannot begin with a 5)

NAME ADDRESS CITY, STATE ZIP	0123 01-23456789
DATE _____	
PAY TO THE ORDER OF _____	\$ _____
BANK NAME ADDRESS CITY, STATE ZIP	DOLLARS
FOR _____	
⑈0123456789⑈ 01234567890123⑈ 0123	
Routing Number	Account Number

7. Check the box in Banking Information section if you already have EFT setup on another policy. If Depositor and Owner are different, we will still require both signatures.

Important Information Regarding Conditions Pertaining To Your Payment Plan

1. If we are not able to draft on the selected draft date, or for the requested amount, a 10-day notice may apply.
2. This payment plan may be terminated upon a 5-day notice from the policy owner, depositor, or the depositor's bank. The Company may also terminate this payment plan at any time providing written notice to the policy owner and giving sufficient time for maintaining coverage.
3. When selecting EFT, your policy must stay paid-to-current and drafts will occur on your anniversary schedule for Term, Whole Life, and Disability policies.
4. If you change your banking arrangements, at least 5 business days of advance notice must be given to the Company. If this advance notice cannot be provided, sufficient funds should be left in your account to honor all charges until our records can be changed. Note: Failure to provide adequate notice may result in your bank assessing *your account* return item fees or charges.
5. Once the EFT Payment Plan is established, deductions will occur on your selected draft date or shortly after to pay premiums due within that month, special deductions may be scheduled to bring your policy current or to align with your anniversary.
6. For service or questions, please contact your agent or Registered Representative, or call our toll free number 1-800-732-8939, and a customer service associate will be happy to assist you.