

# Request for Electronic Funds Transfer (EFT) Plan

5250 South Sixth Street • P.O. Box 5147  
Springfield, Illinois 62705

Universal Guaranty Life • (800) 323-0050  
American Capitol • (800) 527-2567

\_\_\_\_\_  
Name of Bank Depositor (Premium Payor)

\_\_\_\_\_  
Policy(ies)

To:  Universal Guaranty Life Insurance Company  
 American Capitol Insurance Company

I hereby request and authorize the Company chosen above to draw checks on my bank account at the:

\_\_\_\_\_  
Name of Bank

Checking Account  Savings Account

This authorization is limited to the payment to the Company chosen above of any policy loans or premiums hereafter becoming due on the policy(ies) listed above, and is subject to the following conditions:

1. The check(s) shall constitute notice of premiums due and upon being charged to my account by the bank shall be my receipt for payment of the designated premium(s) or loan payment.
2. Premiums must be paid within the time stipulated in the policy(ies) for payment, and if any check is not honored by the bank upon presentation and default in payment occurs, the policy(ies) shall become null and void except as otherwise provided therein. Request by me that such check(s) be drawn on other than the premium due dates does not alter the due date and the Company in no way waives or modifies said due date or the grace period provisions in connection therewith.
3. I will indemnify and hold you harmless from any liability of any kind, sort of character by virtue of the negotiation, presentation or payment of any check drawn by the Company, in accordance with this request and authorization, in payment of any premium(s) on the policy(ies) designated.
4. The privilege of paying premiums and/or policy loans under the Electronic Funds Transfer Plan may be revoked by the Company if any check is not paid upon presentation, and the Plan may be discontinued by the Company, the premium payor or the bank at any time upon written notice.
5. In the event the Electronic Funds Transfer Plan is revoked or discontinued, premiums and policy loans shall then be payable as provided in the policy(ies).

\_\_\_\_\_  
Bank Signature of Premium Payor

\_\_\_\_\_  
Date

### Instructions for Completing EFT Authorization

1. Print the payor's name at top of form.
2. List all policy numbers to be paid via this EFT authorization.
3. Choose the appropriate company (check box).
4. Print the name of the bank.
5. Choose Checking Account or Savings Account (check box).
6. Have the premium payor sign and date the form.
7. **Attach a voided check or deposit ticket that has the Premium Payor's name and address pre-printed and the account number encoded.**
8. Checks will be drawn on the premium due date unless another date is indicated here: \_\_\_\_\_.