



Universal Guaranty

5250 South Sixth Street, P.O. Box 5147
Springfield, IL 62705
(217) 241-6300

REQUEST FOR ELECTRONIC FUNDS TRANSFER (EFT) PLAN

Name of Bank Depositor (Insured/Payor) _____
(Print Name as shown on Bank Records)

TO: UNIVERSAL GUARANTY LIFE INSURANCE COMPANY

I hereby request and authorize the Universal Guaranty Life Insurance Company to draw checks on my bank checking account at the:

(Name of Bank)

This authorization is limited to the payment to the Universal Guaranty Life Insurance Company of any policy loans or premiums hereafter becoming due on policy(ies) _____

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 Preauthorized Check 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 Preauthorized Check Plan is revoked or discontinued, premiums and policy loans shall then be payable as provided in the policy(ies).

Date _____ (Bank Signature of { Premium Payor) _____

INSTRUCTIONS FOR COMPLETING EFT AUTHORIZATIONS

1. Have the premium payor sign and date the card.
2. Print the name of the bank.
3. Attach a voided check or deposit ticket that has the account number encoded.
4. Checks will be drawn on the premium due date unless another date is indicated here _____.