Assurity® Life Insurance Company
402- 476-6500 | 800-869-0355 | FAX 888-255-2060
Assurity® Life Insurance Company of New York
844-401-7585 | FAX 888-255-2060
Admin: Office: P.O. Box 82533, Lincoln, NE 68501-2533

AUTOMATIC BANK PAYMENT

Automatic bank withdrawal allows you to pay your premium and/or loan from your checking or savings account, saving you time and money. To begin this convenient service, or to make changes to your existing payment plan, please complete the form below and return it to us. For each policy you may choose to have an automatic withdrawal set up for loan payments or premium deposit fund, however you cannot select both. Remember to indicate the date of payment that would be most convenient for you.

AUTOMATIC BANK WITHDRAWAL AUTHORIZATION

☐ Change banking institution/account ☐ Start new bank withdrawal ☐ Combine with existing bank withdrawal on Policy no. _____

Type of Account: ☐ Checking ☐ Savings

Day of Withdrawal _____ Choose from the 1st to the 28th. Day ***cannot*** be the 29th, 30th or 31st. If no date is entered, the policy issue date will be used. Assurity will begin processing your bank draft on the day selected. Due to the bank's processing time, the actual day a withdrawal is posted to your account could be two or more days after the day selected. Bank drafts will be made on a monthly basis unless otherwise specified.

Policy No.	Insured's Name	Premium Payment	Premium Amount *(Universal Life Only)*	Loan Payment	Premium Deposit Fund
		☐	$	☐ $	☐ $
		☐	$	☐ $	☐ $
		☐	$	☐ $	☐ $
		☐	$	☐ $	☐ $
		☐	$	☐ $	☐ $
		☐	$	☐ $	☐ $

Comments: _____

I hereby request and authorize Assurity, to initiate debit entries to my account listed below for payments as selected above. I understand that initiating automatic payments may result in additional drafts to bring my account current. This authorization shall remain in effect until revoked by me in the manner provided by law. Until it receives notice of such revocation, I agree that Assurity shall be fully protected in honoring any debit to my account. I further understand that if the date of the withdrawal is after the policy issue date and if the premium is not honored my policy may lapse and require evidence of insurability for reinstatement. Assurity may obtain a consumer report pursuant to the federal Fair Credit Reporting Act (FCRA) for purposes of verifying and authenticating this account. I hereby consent and authorize Assurity to obtain such a report and I understand that if any adverse action is taken based on the report, I will be notified according to the FCRA.

_____ _____ _____
Name of Financial Institution *Routing No. (9-digit number)* *Account No.*

_____ ( ) _____
Printed Name of Account Holder or Authorized Officer and Title *Telephone No.*

Account Holder's Address _____
Street Address *P.O. Box* *City* *State* *Zip+4*

☐ Check here if a new address *(not the one on record with Assurity)*.

_____ / /
Signature of Account Holder or Authorized Officer and Title *Date Signed (MM/DD/YYYY)*

TO ENSURE ACCURACY, SUBMIT A VOIDED CHECK

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.