

TRANSAMERICA INSURANCE AND INVESTMENT GROUP

POLICY NO.	INSURED	AMOUNT

- | | | |
|---|--|---|
| <input type="checkbox"/> MONTHLY | <input type="checkbox"/> PREMIUM | <input type="checkbox"/> NEW AUTHORIZATION |
| <input type="checkbox"/> QUARTERLY | <input type="checkbox"/> LOAN REPAY | <input type="checkbox"/> BANK CHANGE |
| | <input type="checkbox"/> PREMIUM DEPOSIT ACCT. | <input type="checkbox"/> ADD TO EXISTING POLICY |
| COMPLETE IF A SPECIFIC DAY IS REQUESTED) _____ | | <input type="checkbox"/> OTHER _____ |
| MUST BE ON OR BEFORE EARLIEST DUE DATE) | | |

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Account Number: _____

Name(s) on Bank Account: _____

AUTHORIZATION FOR PARTICIPATION IN THE PREAUTHORIZED WITHDRAWAL PROGRAM

I request and authorize the company to make withdrawals, by draft or electronic transfer, from my account with the Financial Institution named above for premiums and other such payments indicated above. I request that the withdrawal be on or before the days when payment(s) fall due, except that if a withdrawal is to pay for premiums on more than one policy, it is to be drawn on the earliest due date. I request that this authorization, unless previously revoked, continue to apply to any conversion, renewal, or change later made in the policies. I understand that this authorization in no way affects the terms of the policy, other than the mode of payment, and I understand that if the premiums are not paid within the grace period allowed by a policy, as in the event any such withdrawal being dishonored, or for any reason, then the policy shall terminate subject to any nonforfeiture provisions in the policy.

AUTHORIZATION TO HONOR WITHDRAWALS

As a convenience to me, I hereby request the financial institution named above to accept and honor the draft or transfer withdrawals from my account. I agree that your rights in respect to each draft or transfer shall be the same as if it were a check drawn on you and signed personally by me and that you shall be fully protected in honoring such draft or transfer. I further agree that if any such withdrawal is dishonored, whether with or without cause and whether intentionally or inadvertently, the Financial Institution shall be under no liability whatsoever if such dishonor results in the forfeiture of insurance.

These authorizations shall remain in effect until revoked in writing, mailed to the other parties at the address of record. The Company of Financial Institution shall have a reasonable time to act on the revocation notice. I have retained a copy of these authorizations.

_____	_____	_____
BANK SIGNATURE(S) OF DEPOSITOR(S)	DATE	SIGNATURE OF POLICYOWNER IF NOT DEPOSITOR

TAPE CHECK HERE

