

ASSURITY LIFE INSURANCE COMPANY

1526 K Street • PO Box 82533

Lincoln, NE 68501-2533

Toll Free 800-276-7619

TAX ID NO 38-1843471

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

(1) I (we) hereby authorize the Company to initiate credit entries to my (our) checking savings account in the entity named below (“Depository Institution”), and I (we) authorize the Depository Institution to accept and to credit the amount of such entries to my (our) account. Such authorization does not allow the Company to debit entries to my (our) account.

(2) DEPOSITORY INSTITUTION: _____

(3) CITY: _____ STATE: _____ ZIP: _____

(4) TRANSIT/ABA NO.: _____ ACCOUNT NO.: _____

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the Company prior to receipt of notice of termination.

The undersigned hereby agree(s) that all entries initiated hereunder are to be governed in all respects by the Rules of the National Automated Clearing House Association and agree(s) to be bound thereby.

(5) AGENT’S NAME (please print): _____

(6) AGENT’S CODE (if known): _____

(7) DATE: _____ SIGNED: _____

Notes for completing form:

- (1) – Indicate if checking or savings account;
- (2) – through (5) – Complete all information;
- (6) – If new agent, leave blank; otherwise complete
- (7) – Date and sign.

Please fill out this form and either mail to the address shown above, Attn: Accounting Dept, or fax to 402-437-4558.

ATTACH A VOIDED CHECK AND RETURN TO THE ACCOUNTING DEPARTMENT

