



300 S.W. Adams Street Peoria, IL 61634
800.437.7355

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

Please attach a preprinted voided check or deposit slip to this form
(Alternatively you may submit a letter on financial institution letterhead
that includes the routing and account numbers.)

POLICY INFORMATION

Name of Insured: _____

Name of Policyowner (if different): _____

Premium Mode: Monthly Quarterly Semi-Annual Annual

[NOTE: Paying premiums more frequently than annually may affect my cash values and result in higher costs. In addition, for policies with annual, semi-annual or quarterly premium modes, this EFT Authorization is for the initial premium only.]

Initial Premium (all premium modes)

Deduct initial premium upon receipt of properly completed application and Authorization by Illinois Mutual at its Home Office.

Deduct initial premium when the policy has been issued.

Subsequent Premiums (monthly premium mode only)

Indicate premium withdrawal day: _____ (Choose a day between 1 and 28.)

POLICIES

Type _____ Policy Number (If available): _____

Type _____ Policy Number (If available): _____

Type _____ Policy Number (If available): _____

ACCOUNT INFORMATION

Check box if address should be changed

Account Holder Name: _____

Address of Account Holder: _____
City State Zip

Checking Account Savings Account

Name of Financial Institution: _____

Routing Number: _____ (The 9-digit number at the bottom of your check)

Account Number: _____ Reenter Account Number: _____

NOTE: Unless you are submitting this form through Illinois Mutual's website, we need a preprinted voided check (checking accounts), a voided withdrawal slip (savings accounts) or a letter from the financial institution to allow us to establish your EFT.

AUTHORIZATION

By signing this form, I, the Account Holder, am authorizing Illinois Mutual to initiate withdrawal entries to the deposit account designated on this form at the financial institution named above, using the Automated Clearing House for premium payments in the mode elected and such other withdrawals, e.g., loan repayments, as indicated on this Authorization.

By signing on the next page, I understand and agree as follows:

1. The origination of electronic withdrawals to my account must comply with the provisions of U.S. law;
2. I must give Illinois Mutual written notice of at least 5 business days before a scheduled payment if I want to cancel a payment or terminate this Authorization;
3. **If my financial institution does not honor this withdrawal request, Illinois Mutual will regard (i) my premium as unpaid; (ii) at its sole discretion, Illinois Mutual may resubmit the withdrawal request for collection; and (iii) the coverage is terminated if the premium remains unpaid. Illinois Mutual will charge a fee for withdrawal request that are returned for insufficient funds.**
4. If I change financial institutions or accounts that premiums are withdrawn from and if any premiums are past due at the time of the change, Illinois Mutual will draft my account for any past due premiums upon receipt of the Authorization for the new account so long as coverage has not terminated under the terms of the policy(ies).
5. Illinois Mutual reserves the right to remove any policy from the EFT program.
6. Illinois Mutual does not assume any responsibility for charges by financial institutions related to this Authorization.

By signing below, I further understand (i) that insurance will be effective only as stated in the application/conditional receipt (if any) for insurance (ii) that this Authorization is only for the purpose of effecting electronic fund transfers for the payment of my premium and such other charges as authorized under the coverages or by the financial institution and (iii) I agree to the disclosures below.

Name of Account Holder

Name of Joint Account Holder

Signature of Account Holder

Signature of Joint Account Holder

Date

Date

DISCLOSURE

How can I use this Authorization form? This Authorization can be used to:

- Pay premiums on multiple policies
- Pay additional premiums on universal life policies
- Repay policy loans (a minimum may apply)

Can there be multiple payments withdrawn under this Authorization? Yes, Illinois Mutual will withdraw multiple payments IF:

- More than one policy/contract payment is due or needed to bring your policy/contract up to date.
- You requested a life insurance/individual disability income policy be back-dated resulting in more than one payment due at time of issue.
- The withdrawal date selected is after the contract date for life insurance policies with flexible premiums. Note: Guarantees may be affected if payments are missed or delayed. (See "Can EFT payments affect the guarantees on my policy?")

Can I pay the initial premium with this Authorization Form? Yes, you can pay the initial premium IF:

- You have authorized subsequent premiums by EFT under this form or you have elected to pay the initial premium on the Authorization form.
- All required applications and other forms are completed properly.
- You agree that the initial premium is subject to terms of any conditional receipt.

What if I change financial institutions? You need to give us advance notice of a change in a financial institution. We would like at least 30 days. Just complete another Authorization form and include a voided check (checking account) or withdrawal slip (savings account).

Is it recommended to use savings accounts? You may use a savings account. Many financial institutions impose fees for withdrawals exceeding a maximum number in a given period. You should check with your financial institution to be sure that you are not incurring any fees for using a savings account.

What happens if there are insufficient funds in my account? If there are insufficient funds in your account, you may be charged a fee by your financial institution. In

addition, Illinois Mutual will charge a fee for all withdrawal requests returned for insufficient funds. Please be aware that your policy may terminate if the premium remains unpaid. At our option, we may resubmit for payment if there are insufficient funds. You are liable for any charges by your financial institution for the resubmission.

Can EFT payments affect the guarantees on my policy?

Yes. For policies with cash values and other guarantees, it is important that the EFT draft (premium pay) date occur at least five (5) days prior to the policy's monthly anniversary (the same day of the month as your policy effective day). If a specific EFT draft date is requested for universal life policies, we will honor your request; however, please be aware that the EFT drafts will take place on the requested date prior to the monthly anniversary of your policy. If no preferred EFT draft date is requested, we will set the EFT draft date for up to 5 days prior to the policy date.

For term life insurance and disability income policies, it is preferred that the EFT draft date is prior to the monthly anniversary. If sufficient funds are unavailable and you have selected a date after the monthly anniversary, then your coverage could terminate before we receive the premium. In such a case we would refund the premium to you. If your policy contains a Grace Period provision and premium is received after the end of the grace period, you would need to have your coverage reinstated if permitted under your policy. This may require new medical underwriting.

When will this Authorization end? This Authorization ends as follows:

- You tell us in writing that you no longer want to use the EFT process. We need at least five (5) days to prevent a scheduled payment.
- We tell you that the EFT is no longer in force.
- The policy (ies) are no longer in force.
- Your account at the financial institution is closed or terminated.

Contact info:

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