

National Guardian Life Insurance Company
 Home Office: Madison, WI
 Long Term Care Administrative Office:
 LifeCare Assurance Company;
 PO Box 4243, Woodland Hills, CA 91365-4243
 888.505.2332 • Fax 818.887.4595
 www.ngl-essentialtc.com

Pre-Authorized Check (PAC)
 Premium Payment Service

1	<p>Authorization: I (we) hereby authorize National Guardian Life Insurance Company, hereinafter called the COMPANY, to debit my (our) financial institution named below, hereinafter called the BANK, and to initiate an electronic funds transfer from my (our)</p> <p><input type="radio"/> checking <input type="radio"/> savings account indicated below to pay premiums that become due for my (our) insurance policy issued by the COMPANY.</p> <p>This authority is to remain in effect until I (we) notify the COMPANY or the BANK to terminate it and the COMPANY or the BANK has a reasonable time to act on its termination. The COMPANY has the right to discontinue this service if there are two consecutive returns due to payments not honored by the BANK.</p> <p>Check all that apply:</p>
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For a new PAC Account:
 Establish a PAC Account for recurring premiums

For an existing PAC Account:
 Change Bank/Financial Institution
 Change draft date and/or draft amount
 Add policies (*list one policy from existing account*):

2	<p>Policy Information: For recurring premiums, include the policy number, name of the insured, draft date, draft amount and effective date to begin drafting for each policy. The requested draft date must fall between the 1st and the 28th of the month. Please note that if no draft date is provided, it will default to the 5th of each month.</p>
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Policy Number	Name of Insured	Draft Date	Draft Amount	Effective Date
			\$	
			\$	
			\$	

3	<p>Draft Frequency - <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually</p>
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4	<p>Bank Account Information and Copy of Voided Check - Please securely attach a voided check and complete the information below.</p>
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Account Type - check only one option in each group below:

<input type="radio"/> Savings <input type="radio"/> Checking	<input type="radio"/> Individual <input type="radio"/> Joint <input type="radio"/> Other (<i>Corp., Trust, etc.</i>) _____
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 Print Name of Financial Institution

 City, State, Zip of Financial Institution

 Bank Routing/Transit Number (*always 9 digits*)

 Bank Account Number

5	<p>Signature Section</p>
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 Printed Name of Account Holder

 Printed Name of Additional Account Holder

X _____
 Signature of Account Holder (& title when applicable) Date

X _____
 Signature of Additional Account Holder (& title when applicable) Date



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Print Name of Financial Institution City, State, Zip of Financial Institution

Bank Routing/Transit Number (*always 9 digits*) Bank Account Number

5	<p>Signature Section</p>
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Printed Name of Account Holder Printed Name of Additional Account Holder

X _____ **X** _____

Signature of Account Holder (& title when applicable) Date Signature of Additional Account Holder (& title when applicable) Date