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-essentialltc.com

Pre-Authorized Check (PAC) Premium Payment Service

debit my (our) financial i (our)	ereby authorize National Gunstitution named below, herein account indicated below to pain in effect until I (we) notify time to act on its termination opayments not honored by the	inafter called the BAN ay premiums that bec the COMPANY or to The COMPANY has	TK, and to initiate an electron come due for my (our) insur- the BANK to terminate it at	rance policy issued by the and the COMPANY or the		
For a new PAC Account: Establish a PAC Account for	recurring premiums	Change BankChange draft	For an existing PAC Account: Change Bank/Financial Institution Change draft date and/or draft amount Add policies (list one policy from existing account):			
drafting for each policy.	s, include the policy number, The requested draft date must It to the 5 th of each month.	name of the insured, fall between the 1st an	, draft date, draft amount a d the 28 th of the month. Plea	nd effective date to begin se note that if no draft date		
Policy Number	Name of Insured	<u>Draft Date</u>	Draft Amount	Effective Date		
			\$			
			\$			
			\$			
3 Draft Frequency - \bigcirc	Monthly Quarterly	Semi-Annuall	y \(\rightarrow \text{Annually}			
4 Bank Account Informinformation below.	nation and Copy of Voide	d Check - Please so	ecurely attach a voided o	check and complete the		
Account Type - check only o						
Savings Checki	ng	al O Joint	Other (Corp., Trust, etc.)		
Print Name of Financial Institution City, State, Zip of Financial Institution						
Bank Routing/Transit Number	(always 9 digits)	Bank Account Num	ber			
5 Signature Section						
Printed Name of Account Hol		<u> </u>				
Signature of Account Holder (&	title when applicable) Da	ite Signature of Ad	Signature of Additional Account Holder (& title when applicable) Date			

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Pre-Authorized Check (PAC) Premium Payment Service

1		nereby authorize National Gu					
	debit my (our) financial (our)	institution named below, here	inafter called the BAN	K, and to initiate an electron	nic funds transfer from my		
	cour) checking checking savings account indicated below to pay premiums that become due for my (our) insurance policy issued by the						
	COMPANY.						
	This authority is to remain in effect until I (we) notify the COMPANY or the BANK to terminate it and the COMPANY or the						
		e time to act on its termination		as the right to discontinue the	nis service if there are two		
		to payments not honored by th	ne BANK.				
	Check all that apply:						
Fo	r a new PAC Account:		For an existing	DAC Accounts			
Establish a PAC Account for recurring premiums				For an existing PAC Account: Change Bank/Financial Institution			
				Change draft date and/or draft amount			
				(list one policy from existing	g account):		
2	Policy Information:						
4		s, include the policy number,	name of the insured	draft date draft amount a	nd effective date to begin		
	drafting for each policy.	The requested draft date must	t fall between the 1 st an	d the $28^{\rm th}$ of the month. Plea	se note that if no draft date		
	is provided, it will defau	alt to the 5^{th} of each month.					
		Policy Number Name of Insured					
	Policy Number	Name of Insured	<u>Draft Date</u>	Draft Amount	Effective Date		
-	Policy Number	Name of Insured	<u>Draft Date</u>	\$	Effective Date		
:	Policy Number	Name of Insured	<u>Draft Date</u>	\$	Effective Date		
:	Policy Number	Name of Insured	<u>Draft Date</u>	\$	Effective Date		
				\$ \$ \$	Effective Date		
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