Electronic Fund Transfer (EFT) • For use with UN 2550 or AS 2550 applications

Ameritas Life Insurance Corp. ("Company") P.O. Box 81889, Lincoln, NE 68501 / 800-745-1112, Fax 402-467-7335

Premium Mode Monthly EFT

Add to Existing EFT - provide Policy Number and Insured: ______

Withdrawal Date ______ (The withdrawal date must be on or before the policy date and cannot be after the 28th)

Policy Number / Product Applied for	Print Name of Insured	Monthly Premium	Draft Initial Premium
		$	☐ Yes ☐ No
		$	☐ Yes ☐ No
		$	☐ Yes ☐ No

Initial Modal Premium* **Draft will occur on the issue date of the policy.**

Policy Number / Product Applied for	Print Name of Insured	Initial Premium	Mode
		$	☐ Annual ☐ Semi-annual ☐ Quarterly
		$	☐ Annual ☐ Semi-annual ☐ Quarterly
		$	☐ Annual ☐ Semi-annual ☐ Quarterly

CHECK ONE

☐ Yes, with temporary coverage. I have applied for temporary coverage via the attached Temporary Insurance Agreement form. Premium will be drafted only after my application has been approved and the policy has been issued.

☐ Yes, without temporary coverage. Premium will be drafted only after my application has been approved and the policy has been issued. I understand that no temporary coverage will be in force during the underwriting process.

☐ No, I would like ongoing monthly premium drafts, but have included a check (payable to Ameritas Life) for the initial monthly premium.

* Review the Temporary Insurance Agreement to verify if the Proposed Insured qualifies to submit premium with the application. Note: Signing the Electronic Fund Transfer form does not mean that insurance is effective. Insurance is effective only if requirements of the Temporary Insurance Agreement are satisfied.

The Company indicated above, hereby requested and authorized, subject to its approval, to draw checks, drafts or orders monthly, whether by electronic or paper means, to be charged against the (check one in each column): ☐ Checking ☐ Saving | ☐ Bank ☐ Credit Union

______
Bank Account Holder - print name and address as shown on Bank Records

______
Name of Bank and Branch Name, if any, and address where account is maintained

______ Transit/ABA Routing Number

______ Bank Account Number

- Refer to the check diagram at right to help determine your bank routing number and bank account number.**

** **For Variable Life contracts, a copy of a Pre-printed Voided Check is required. In some other circumstances we will require a copy of a pre-printed, voided check or a letter from the bank indicating the ABA Routing Number, Account Number, and the Account Holder's Name for verification.**

IT IS UNDERSTOOD THAT: Either or both of the above arrangements may be terminated by the Policy Owner or by the Company upon written notice. If the Bank Account Holder ("Payor") is other than the Policy Owner, the Company will terminate either or both of the arrangements upon written request of such Payor. Should the Premiums cease to be paid by Electronic Payment, the Company will accept payment of quarterly, semiannual or annual premium payments at the Company's published rates in effect as of the date of the policy.

For Policies Earning Dividends: Dividends cannot be used to offset Electronic Premium Payments. If dividends are currently being used to reduce premiums, please submit a dividend change form (UN 3379 B).

As a convenience to me (Payor and undersigned), I hereby request and authorize the Company, to pay and charge to my account checks, drafts or orders, whether by electronic or paper means, drawn on my account by the Company to its own order. This authorization will remain in effect until revoked by me in writing, and until the Company actually receives such notice I agree that the Company shall be fully protected in honoring any such order.

I (Payor and undersigned) understand that premium payments are necessary to fund the policy. If my financial institution does not honor a withdrawal, I may be required to send the Company a replacement payment. If the Company does not receive a replacement payment within the time required, the policy may enter its grace period and then lapse. Once a policy lapses, it no longer offers life insurance coverage.

The bank shall be under no obligation to furnish me (Payor and undersigned) with any special advice or notice in writing or otherwise of the payment and charge of such checks, drafts, or orders to my account.

Declaration: By signing this form I certify that I am an authorized signature for the bank account listed above.

______ **Signature of Bank Account Holder** ______ Date ______ Phone Number of Bank Account Holder