Lafayette Life Insurance Company

A member of Western & Southern Financial Group

Pre-Authorized Withdrawal

The Lafayette Life Insurance Company ("LLIC") is authorized to: cancel all prior Electronic Fund Transfer Debits ("EFT Debits"); begin EFT Debits or, alternatively, to draw checks or drafts (collectively referred to as "Withdrawals") each month from My Account*; begin Withdrawals from My Account in the amount as provided in the policy. I further request and authorize my financial institution to honor and charge to My Account all Withdrawals for the purposes stated in this form and made payable to LLIC for banking purposes. I understand and agree that: this authorization does not modify or otherwise change the provisions of the policy/policies to which this authorization applies except any right of the owner(s) to receive a notice of payment due which is expressly waived; neither this authorization nor its use shall modify the provisions of the policy/policies with respect to nonpayment of premium or days of grace; the privilege of making payments by Preauthorized Withdrawal may be automatically revoked by LLIC if any Withdrawal is not paid upon presentment; LLIC has no responsibility for any charges assessed by the financial institution if a Withdrawal is returned for insufficient funds ("NSF"); LLIC has no obligation or duty to attempt a re-draft on My Account in the event of an NSF; if this Preauthorized Withdrawal is cancelled or revoked, payments must be paid quarterly, semiannually, or annually; and, if more than one policy is to be paid under the Preauthorized Withdrawal, LLIC may, at its sole discretion, combine the monthly payments from My Account in one Withdrawal.

To request this service, please complete this authorization form and provide a voided check OR complete the Bank Information section below. The bank account holder must sign the authorization. Joint checking accounts require both parties' signatures.

Please Print Clearly

Name of Account Holder _____   Name of Joint Account Holder _____

Account Holder Address (number and street) _____

City _____   State _____   Zip _____   Phone # _____

Bank Name _____

Bank Routing # _____   Bank Account # _____

Type of Account (check one)   [ ] Checking   [ ] Savings

WITHDRAWAL INFORMATION

POLICY NUMBER	NAME OF INSURED	TYPE (check all that apply)	AMOUNT (total must be at least $10.00)	WITHDRAWAL DATE (Start Date–Month/Day/Year)*** Withdrawal date must be between 1st and 28th and no more than 12 days after the premium due date.
		[ ] Premium [ ] Loan [ ] LPUA* [ ] Deposit Fund [ ] FPUA**	$ _____ $ _____ $ _____ $ _____ $ _____	
		[ ] Premium [ ] Loan [ ] LPUA* [ ] Deposit Fund [ ] FPUA**	$ _____ $ _____ $ _____ $ _____ $ _____	
		[ ] Premium [ ] Loan [ ] LPUA* [ ] Deposit Fund [ ] FPUA**	$ _____ $ _____ $ _____ $ _____ $ _____	

SPECIAL INSTRUCTIONS:

* Only check if policy has a Level Premium Paid-Up Additions Rider (LPUA)
** Only check if policy has a Fixed Premium Paid-Up Additions Rider (FPUA)
*** Subsequent withdrawals will occur on the same date of each month thereafter.

[ ] INITIAL PREMIUM DRAFT: By checking this box, you understand and agree for a newly applied for policy that the initial premium draft will occur on the date the policy is approved and issued by LLIC or, if later the date this form is received by LLIC. No insurance takes effect unless and until all the terms and conditions for coverage are met, including, but not limited to, payment of the initial premium.

_____   _____
Account Holder Signature   **Date**

_____   _____
Joint Account Holder Signature   **Date**

_____   _____
Policy Owner Signature (and title if owner is an entity or trust)   **Date**