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AUTHORITY TO HONOR CHECKS DRAWN BY AND PAYABLE TO: LINCOLN HERITAGE LIFE INSURANCE COMPANY

Policy: To: Name of Bank: I hereby authorize you to pay and charge to my account drafts drawn by and payable to the Company named above. I fully understand that your responsibility does not extend beyond the honoring of such drafts, and that you are not liable for lapse of insurance caused by non-payment of premium. This authority is to remain in effect until revoked by me in writing. Payor's Name: ______ Phone: ______ Payor's Address:_____ Account Type: ___ Checking ___ Savings Routing Number: Account Number: **Requested Payment Date (Select One):** Note: If both or neither options are selected, we will use option #1. 1. The _____ day of each month. 2. The (1st 2nd 3rd 4th) (Mon. Tues. Wed. Thurs. Fri.) of each month. (Circle One) (Circle One) Draft Past Due Premium On or After _____. Upon receipt of a check for payment, Lincoln Heritage reserves the right to convert your check into an electronic ACH payment. Funds may be debited from your account on the same day the payment is received. Your original check will not be returned to you. Payor's Signature: Date: INDEMNIFICATION AGREEMENT To: The Bank named above. "In consideration of your compliance with the authorization of the depositor named above, we agree to indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from execution of any check, draft, or order, whether or not genuine, purporting to be drawn by the Company named below to its own order and received by you in the regular course of business, and to defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing requests, or in any manner arising by reason of your participation in the

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Authorized by a resolution adopted by the Board of Directors of the Company.

foregoing plan of premium collection."