

**REQUEST FOR
ELECTRONIC FUNDS TRANSFER
(EFT)**

**Administrative Office:
PO Box 410
Stanford, KY 40484-0410**

Universal Guaranty Life Insurance	(800) 323-0050
IdeaLife Insurance Company	(866) 579-9432

Please make the following change to Policy No.: _____

Name of Insured: _____

Name of Bank Depositor (Premium Payor): _____

Universal Guaranty Life Insurance Company

IdeaLife Insurance Company

(Check one; hereafter referred to as THE COMPANY)

I hereby request and authorize the Company chosen above to draw checks on my bank account at the:

_____ Checking Account Savings Account
Name of Bank

This authorization is limited to the payment to THE COMPANY chosen above of any policy loans or premiums hereafter becoming due on the policy listed above, and is subject to the following conditions:

1. The check(s) shall constitute notice of premiums due and upon being charged to my account by the bank shall be my receipt for payment of the designated premium(s) or loan payment.
2. Premiums must be paid within the time stipulated in the policy for payment, and if any check is not honored by the bank upon presentation and default in payment occurs, the policy shall become null and void except as otherwise provided therein. Request by me that such check(s) be drawn on other than the premium due dates does not alter the due date and THE COMPANY in no way waives or modifies said due date or the grace period provisions in connection therewith.
3. I will indemnify and hold you harmless from any liability of any kind, sort of character by virtue of the negotiation, presentation or payment of any check drawn by THE COMPANY, in accordance with this request and authorization, in payment of any premium(s) on the policy designated.
4. The privilege of paying premiums and/or policy loans under the Electronic Funds Transfer Plan may be revoked by THE COMPANY if any check is not paid upon presentation, and the Plan may be discontinued by THE COMPANY y, the premium payor or the bank at any time upon written notice.
5. In the event the Electronic Funds Transfer Plan is revoked or discontinued, premiums and policy loans shall then be payable as provided in the policy.

Signature of Premium Payor

Date

Instructions for Completing EFT Authorization

1. Print the payor's name.
2. Select Company (check box).
3. Print the name of the bank.
4. Select Checking Account or Savings Account (check box).
5. Have the premium payor sign and date the form.
6. **Attach a voided check or deposit ticket that has the Premium Payor's name and address pre-printed and the account number encoded.**
7. Checks will be drawn on the premium due date unless another date is indicated below: (circle one)

4th 11th 18th 25th