



American Life & Security Corp.

Executive Office

P.O. Box 5577 • LINCOLN NE 68505-5577

Phone: 402.489.8266 • Fax: 402.489.8295

REQUEST FOR PREAUTHORIZED TRANSFER PLAN (PAT)

AUTHORIZATION AND SIGNATURE

I hereby request and authorize American Life & Security Corp.'s Executive Office in Lincoln Nebraska ("American Life") to make preauthorized transfers from my bank account by way of draft, check, or electronic transfer for the payment of premiums for any policy/certificate listed. This authorization shall be subject to the following conditions:

- (1) The preauthorized transfer shall occur on or after the premium due dates unless otherwise specified;
- (2) American Life & Security Corp. shall not incur any liability on any transfer returned by the bank;
- (3) Amounts not honored by the bank after initial deposit shall constitute non-payment of premium and coverage shall lapse subject to all provisions of each policy;
- (4) This authorization may be revoked by either party upon 30 days advance written notice, and American Life & Security Corp. may immediately revoke this request if any preauthorized transfer is dishonored by the bank when presented.

Date _____

Depositor's name typed or printed
EXACTLY as it appears on bank records

Depositor's signature EXACTLY as it
appears on bank records

PREAUTHORIZED TRANSFER PLAN DATA

Frequency of transfer: Monthly Quarterly Semiannually Annually

Date of month transfer to be made: _____
Complete ONLY if specific withdrawal day is requested

Policies to which request applies: _____

BANK INFORMATION

Name of Bank: _____

Bank or branch address: _____

COMPLETE THE FOLLOWING OR SUBMIT A VOIDED CHECK

Account Type: Checking Savings

Depositor's Bank Account Number: _____

Bank Routing Number: _____