

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.

the bank when pro		idecty revoke til	is request if ar	ly preduction	zea tran	sici is an	monored by
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:	\boxtimes Monthly	☐ Quarterly	□Semiannu	ally □Annu	ally		
Requested draft date:		3 rd	□ 18 th				
Policies to which request	t applies:						
							
BANK INFORMATION							
Name of Bank: Bank or branch address:							_ _
COMPLETE THE FOLLOWING OR SUBMIT A VOIDED CHECK							
Account Type:		\square Checking	I	□Savings			
Depositor's Bank Account Number: Bank Routing Number:							