

Ameritas Life Insurance Corp. ("Company") P.O. Box 81889, Lincoln, NE 68501 / 800-745-1112

Select an option (complete with an X):    ☐ Recurring EFT or    ☐ One time draft

Withdrawal Date    /       (The withdrawal date must be on or before the policy date and cannot be after the 28th)  
Month / Day

| Policy Number | Print Name of Insured | Premium | Loan Payment | FPUR / PURC / PURS | Frequency**<br>See Availability Below Table                                                                                              |
|---------------|-----------------------|---------|--------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------|
|               |                       | \$      | \$           | \$                 | <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly |
|               |                       | \$      | \$           | \$                 | <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly |
|               |                       | \$      | \$           | \$                 | <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly |
|               |                       | \$      | \$           | \$                 | <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly |
|               |                       | \$      | \$           | \$                 | <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly |

**\*\*Frequency Availability:** Annual, Semi-annual, and Quarterly frequencies available ONLY for 10-digit policies starting with a letter; starting with numbers 1 or 2; or policies beginning with 4 issued on or after 1/1/2000.

1. Payment Details

Bank Account Holder Name(s): \_\_\_\_\_

Bank Name and Branch: \_\_\_\_\_

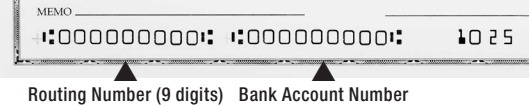
Routing No. (9 digits)

Bank Account No. (Do not include check number)

Complete with an X:    **Type of Bank:**    ☐ Bank    ☐ Credit Union

**Type of Account:**    ☐ Checking    ☐ Savings

**\*In some circumstances we will require a copy of a pre-printed, voided check or a letter from the bank indicating the ABA Routing Number, Account Number, and the Account Holder's Name for verification.**



2. Premium Payor Change

1067

If the bank information above belongs to anyone other than the insured or owner, the bank account holder will be named as the new Payor on the policy. Please provide Payor information below:

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Relationship to Policy Owner (complete with an X):    ☐ Insured    ☐ Owner    ☐ Spouse    ☐ Assignee    ☐ Other – Explain: \_\_\_\_\_

**IT IS UNDERSTOOD THAT:** Either or both of the above arrangements may be terminated by the Policyowner, Payor, or by the Company upon written or verbal notice. Should the Premiums cease to be paid by Electronic Payment, the Company will accept payment of quarterly, semiannual or annual premium payments at the Company's published rates in effect as of the date of the policy.

For Policies Earning Dividends: Dividends cannot be used to offset Electronic Premium Payments. If dividends are currently being used to reduce premiums, please submit a dividend change form (UN 3379 B).

As a convenience to me (Payor and undersigned), I hereby request and authorize the Company, to pay and charge to my account checks, drafts or orders, whether by electronic or paper means, drawn on my account by the Company to its own order. This authorization will remain in effect until revoked by me in writing, and until the Company actually receives such notice I agree that the Company shall be fully protected in honoring any such order.

I (Payor and undersigned) understand that premium payments are necessary to fund the policy. If my financial institution does not honor a withdrawal, I may be required to send the Company a replacement payment. If the Company does not receive a replacement payment within the time required, the policy may enter its grace period and then lapse. Once a policy lapses, it no longer offers coverage.

The bank shall be under no obligation to furnish me (Payor and undersigned) with any special advice or notice in writing or otherwise of the payment and charge of such checks, drafts, or orders to my account.

This Authorization will apply to any renewal or change later made in the policy/certificate, including scheduled or requested increases, and in no way affects the terms of the policy(ies) described above.

**Declaration:** By signing this form I certify that I am an authorized signature for the bank account listed above.

X  
\_\_\_\_\_  
Signature of Bank Account Holder

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Signature of Policyowner

\_\_\_\_\_  
Date