



P.O. Box 4884 • Houston, TX 77210-4884
 1-800-552-7879 Fax: 1-281-368-7144

Request for Electronic Funds Transfer

Note: This form allows your financial institution to pay the premiums for you automatically.

As a convenience to me, I authorize New Era Life Insurance Companies to withdraw funds from my account by check, draft, or automatic debit entry at the financial institution named below.

It is agreed that:

- 1) This agreement shall in no way alter or amend the provisions of this policy except that the Company shall not be required to give notice of premium due as long as this agreement is in effect.
- 2) The Company shall not incur any liability by reason of dishonor of any check, draft, or debit entry.
- 3) This authorization is to remain in effect until you receive notice from me to revoke it.
- 4) No payment or portion thereof shall be deemed paid unless the Company receives actual payment at its Home Office.

Please complete the following information as it applies to your request for Electronic Funds Transfer:

Depositor's Name (if other than Insured or Policyowner) _____

If a company account, the name of the account must be shown

Financial Institution _____

Type of Account:

Routing Number _____

Checking Savings

Account Number _____

Withdraw on the due date of my policy
 Withdraw on the following date _____
 (from the 1st through the 28th)

Policy Owner Name _____

Phone number _____

Policy Owner Address _____

Street

City

State

Zip

Check here if this is a new address

Withdraw from my account:

Monthly

Quarterly

Semi-annually

Annually

INSURED'S NAME	POLICY NUMBER

X _____
 Authorized Signature as Shown on Account

 Date

TO PROTECT YOUR VALUABLE COVERAGE, PLEASE NOTIFY US IMMEDIATELY OF ANY CHANGE OF ADDRESS OR CHANGE OF FINANCIAL INSTITUTION OR ACCOUNT INFORMATION

SEND THIS FORM AND A VOIDED CHECK TO US.

EFT.HLTH.NE