



Annotated Guide Pre-Authorized Withdrawal form

Follow this annotated guide to ensure Pre-Authorized Withdrawals are processed efficiently.



Required fields are highlighted in red.



Lafayette Life Insurance Company
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Pre-Authorized Withdrawal

POLICY NUMBER(S)

FINANCIAL INSTITUTION INFORMATION

The Lafayette Life Insurance Company ("LLIC") is authorized to: cancel all prior Electronic Fund Transfer Debits ("EFT Debits"); begin EFT Debits or, alternatively, to draw checks or drafts (collectively referred to as "Withdrawals") from My Account; begin Withdrawals from My Account in the amount as provided in the policy. I further request and authorize my financial institution to honor and charge to My Account all Withdrawals for the purposes stated in this form and made payable to LLIC for banking purposes. I understand and agree that: this authorization does not modify or otherwise change the provisions of the policy/policies to which this authorization applies except any right of the owner(s) to receive a notice of payment due which is expressly waived; neither this authorization nor its use shall modify the provisions of the policy/policies with respect to nonpayment of premium or days of grace; the privilege of making payments by Preauthorized Withdrawal may be automatically revoked by LLIC if any Withdrawal is not paid upon presentment; LLIC has no responsibility for any charges assessed by the financial institution if a Withdrawal is returned for insufficient funds ("NSF"); LLIC has no obligation or duty to attempt a re-draft on My Account in the event of an NSF; if this Preauthorized Withdrawal is cancelled or revoked, payments must be paid quarterly, semiannually, or annually; and, if more than one policy is to be paid under the Preauthorized Withdrawal, LLIC may, at its sole discretion, combine the payments from My Account in one Withdrawal.

I authorize LLIC to withdraw up to two full premiums to be drafted to keep my premium payments current.

To request this service, please complete this authorization form and provide a voided check OR complete the Bank Information section below. The bank account holder must sign the authorization. Joint checking accounts require both parties' signatures. This authorization shall remain in effect until revoked by me/us in writing to LLIC..

ACCOUNT HOLDER NAME **JOINT ACCOUNT HOLDER NAME**

ACCOUNT HOLDER ADDRESS **ACCOUNT HOLDER TELEPHONE NUMBER**

CITY **STATE** **ZIP**


FINANCIAL INSTITUTION NAME

ROUTING NUMBER **ACCOUNT NUMBER**

Type of Account (check one): Checking Savings

FOR POLICY OWNER PORTAL

I request to have the Bank Account Information listed above used only for online payments on the policy owner portal.

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Only check this box if you wish to add bank information to the policy owner portal WITHOUT drafting at this time.

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ONE-TIME DRAFT

I (we) authorize a withdrawal in the amount of \$ _____ on _____ **Policy** _____.

To be applied as: _____
 Premium \$ _____ Loan \$ _____ Deposit Fund \$ _____
 LPUA* \$ _____ FPUA** \$ _____ SPUA*** \$ _____

* Only check if policy has a Level Premium Paid-Up Additions Rider (LPUA).
 ** Only check if policy has a Fixed Premium Paid-Up Additions Rider (FPUA).
 *** Only check if policy has a Single Premium Paid-Up Additions Rider (SPUA).

INITIAL PREMIUM DRAFT

By checking this box, you understand and agree for a newly applied for policy that the initial premium draft will occur on the date the policy is approved and issued by LLIC or, if later, the date this form is received by LLIC. No insurance takes effect unless and until all the terms and conditions for coverage are met, including, but not limited to, payment of the initial premium.

By checking this box, I authorize LLIC to draft any outstanding premiums required to activate the policy.

RECURRING PAYMENTS

POLICY NUMBER _____ **NAME OF INSURED** _____

I (we) authorize and request a withdrawal in the amount of \$ _____.

To be applied as: _____
 Premium \$ _____ Loan \$ _____ LPUA* \$ _____
 Deposit Funds \$ _____ FPUA** \$ _____

Withdrawal Date (Start Date - Month/Day/Year) _____
Must be between the 1st and 28th and no more than 12 days after the premium due date. If left blank, will coincide policy date.

To Occur on a Monthly Quarterly Semi-Annual Annual Basis

Amount Date

For one-time drafts only, see below for recurring payments. SPUA is only available in the one-time draft section.

Applied values must equal total withdrawal amount listed above.

Initial premiums only, do not check these boxes if the client would like the premium to be drafted on a specific date.

Checking this box authorizes LLIC to draft all premiums to bring the policy current, including any required for backdating.

Applied values must equal total withdrawal amount listed above.

Only check this box if funds are expected to be received FROM Lafayette Life. A voided check or bank letter must be included.

Signatures and dates are required for all requested transactions

Joint Account Holders must sign only if required by the bank - when the word "AND" is present on the account. Ex: John Smith AND Jane Smith

DISBURSEMENT / AUTHORIZATION FOR DIRECT DEPOSIT

For direct deposit, please check the box below:

I (we) authorize Lafayette Life to credit my (our) account at the above named financial institution. I (we) authorize the financial institution to debit my account and to refund any overpayments to Lafayette Life.
Bank account must be owned by the policy owner in order to disburse funds. Lafayette Life will not disburse to a third party.

CERTIFICATION AND AUTHORIZATION

Print Here _____ **ACCOUNT HOLDER** _____

Sign Here _____ **SIGNATURE OF ACCOUNT HOLDER** _____ **Date** _____


Print Here _____ **JOINT ACCOUNT HOLDER (if applicable)** _____

Sign Here _____ **SIGNATURE JOINT ACCOUNT HOLDER (if applicable)** _____ **Date** _____

Print Here _____ **POLICY OWNER** _____

Sign Here _____ **SIGNATURE OF POLICY OWNER** _____ **Date** _____

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Life insurance policies contain certain exclusions, limitations, reductions of benefits and terms for keeping them in force. Please contact a financial representative for complete details. The Lafayette Life Insurance Company, Cincinnati, OH, operates in D.C. and all states except NY, and is a member of Western & Southern Financial Group, Inc.

No bank guarantee. Not a deposit. May lose value. Not FDIC/NCUA insured. Not insured by any federal government agency.

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