

UNITED LIFE

INSURANCE COMPANY

REQUEST FOR ELECTRONIC FUNDS TRANSFER (EFT) DRAWN BY UNITED LIFE INSURANCE COMPANY

Policy No.		Insured/Owner Name	
Name of Depositor as Shown on Financial Institution Records (Please Print)		Account Number	
Name of Financial Institution	Telephone Number	ABA Routing Number	
Address of Financial Institution or Branch (City and State)			

As a convenience to me, I hereby request and authorize you to pay and charge to my account deductions drawn on my account by and payable to the order of the United Life Insurance Company, Cedar Rapids, Iowa; provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such deduction shall be the same as if it were a deduction drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such deduction. I further agree that if any such deduction be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Date	Signature of Depositor as Shown on Financial Institution Records
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SIGN AND RETURN WITH A VOIDED CHECK FROM YOUR ACCOUNT TO:

UNITED LIFE INSURANCE COMPANY
ATTN: CLIENT SERVICE DEPT.
PO Box 758596
Topeka, KS 66675-8596

