

Electronic Funds Transfer Authorization Form

Auto-Owners Life Insurance Company

P.O. BOX 30325 • LANSING, MICHIGAN • 48909

A. INSTRUCTIONS

1. This form is used to authorize Auto-Owners Life Insurance Company (hereinafter referred to as the "Company") to:
 - a. Initiate a one-time Electronic Funds Transfer (EFT) transaction for the initial payment on a policy.
 - b. Establish recurring EFT withdrawals.
 - c. Change the draft date, draft amount, or banking/financial institution on an existing recurring EFT withdrawal.
 - d. Request a one-time payment via EFT.
 - e. Credit customer's account, if necessary.
2. Thoroughly read the authorization form prior to completion. Contact your banking/financial institution with any questions.
3. In order to ensure timely and accurate processing, please include a copy of a voided check when submitting this form. If a voided check is not attached, please ensure any written information is legible and all sections are completed.
4. If submitting a starter check, please ensure the following information is printed or written on the starter check: account holder name, account holder complete address, name of financial institution, ACH routing/transit number and account number.

B. TERMS AND CONDITIONS

1. By completing this form, you are authorizing the Company to process transactions to the listed account, subject to the Terms and Conditions listed here.
2. This authorization will remain in effect until the Company receives notification of its termination from the account holder, or the Company notifies the account holder of the termination of the service. The account holder may terminate this authorization by submitting a signed request to the Company. Requests for termination must be received no later than 5 business days prior to the next payment to be in effect as of the payment date. A request to terminate this authorization for the one-time EFT transaction for the initial payment must be submitted immediately. It is possible that the Company may not be able to honor such a termination request if the one-time EFT has already been processed.
3. Notification of changes to an existing recurring EFT withdrawal must be received at least 5 business days prior to the next payment date to be in effect as of that payment date.
4. If sufficient funds are not available on your scheduled payment date, the Company may make up to three additional attempt(s). If sufficient funds are still not available, you will be notified.
5. You agree to forego receiving notice of any adjustment from the recurring payment amount caused by past missed premium payments.
6. No premiums will be considered "paid" until the Company actually receives the funds.
7. The Company shall incur no liability as a result of a withdrawal being dishonored by your bank.
8. This authorization shall not impose any legal obligation on the Company to make withdrawals. The Company may remove policies from this service:
 - a. If any request for payment is not honored upon the second payment attempt.
 - b. If there are two consecutive returns or two returns within one year.
9. You will receive a notice listing the amount of your payment, payment date and bank information:
 - a. At the time a recurring EFT withdrawal is set-up.
 - b. Any time a subsequent change is made to an existing recurring EFT withdrawal.
10. The account holder may elect to have recurring payments withdrawn any date between the 1st and the 28th of the month. If you do not specify a date, we will select one.
11. If a payment is due on a weekend or holiday, Auto-Owners Life Insurance will initiate the withdrawal on the next business day.
12. The option to choose a payment amount for recurring payments applies only to Annuity contracts, Universal Life policies and loan repayment.
13. The one-time EFT for the initial premium will occur when the Company receives this form in good order – fully completed, signed and dated by the account holder where applicable, to authorize EFT payment.

C. PAYMENT OPTIONS

Authorization To: (Check All That Apply)

- Initiate a one-time EFT transaction for the initial payment*
 Establish recurring EFT payments**
 Initiate a one-time EFT payment for an existing policy***
 Update or make changes to an existing recurring EFT

Policy Information:

- For the one-time EFT transaction for the initial payment, complete: Name of Insured, Payment Amount, and Tax Year (Annuities Only).
- To establish recurring EFT payments, complete: Policy Number, Name of Insured, Draw Date (1st - 28th), Payment Amount (Universal Life and Annuities Only), and Frequency.
- For a one-time EFT payment on an existing policy, complete: Policy Number, Name of Insured, Draw Date, Payment Amount, Tax Year (Annuities Only), and Loan Repayment Amount (If Applicable – Universal Life and Whole Life only).

<u>Policy Number</u>	<u>Name of Insured</u>	<u>Draw Date</u>	<u>Payment Amount</u>	<u>Tax Year</u>	<u>Frequency</u>	<u>Loan Repayment Amount</u>
			\$		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	\$
			\$		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	\$
			\$		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	\$
			\$		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	\$
			\$		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	\$

*We may issue the policy at a premium rate different from the rate for which you applied. In that case, we will notify you or your agent to request authorization for the additional amount.

**Depending on the timing of the first recurring payment, the Company may need to withdraw more than one modal payment in order to make the policy current.

***A processing fee of up to \$8.00 may apply, based on state guidelines.

D. BANK ACCOUNT INFORMATION

Bank Account Information or Copy of Voided Check - Please securely attach a voided check or complete the information below.

Name of Financial Institution _____

Bank Routing/Transit Number _____

Checking Savings Bank Account Number _____

Authorized Account Holder Information

Printed Name of Person Authorizing Direct Payment _____ Signature of Person Authorizing Direct Payment _____ Date _____

Email of Person Authorizing Direct Payment _____ Phone Number of Person Authorizing Direct Payment _____

Fax form to: (517) 391-1906
Mail form to: Auto-Owners Life Insurance Company - P.O. Box 30325, Lansing, MI 48909
E-Mail form to: (New Business) dl.life.new.business@aoins.com (Life/Health Post-Issue) lifephs@aoins.com
 (Annuities) annuities@aoins.com