AUTHORIZATION TO HONOR RECURRING DRAFTS/WITHDRAWALS MADE BY AND PAYABLE TO BANKERS FIDELITY LIFE INSURANCE COMPANY®, ATLANTA, GA

PAYMENT REQUESTS
FAX # (404) 926-4033

I hereby authorize you to pay from my account listed below any draft or withdrawal including electronic transactions, made by and payable to Bankers Fidelity Life Insurance Company® in Atlanta, GA and its subsidiaries, affiliates, and related companies (collectively referred to as "Bankers Fidelity") for the premiums due on my insurance policy, provided there are sufficient funds in said account to honor such draft or withdrawal upon presentation. I agree that your rights in respect to each draft or withdrawal shall be the same as if it were a check or withdrawal made personally by me.

This authorization shall remain in effect until Bankers Fidelity has received written notification from me revoking this authorization and in such manner as to afford reasonable opportunity to act upon it. I agree that if any draft or withdrawal is dishonored or refused, you shall be under no liability whatsoever, even if such dishonor or refusal results in the forfeiture of insurance.

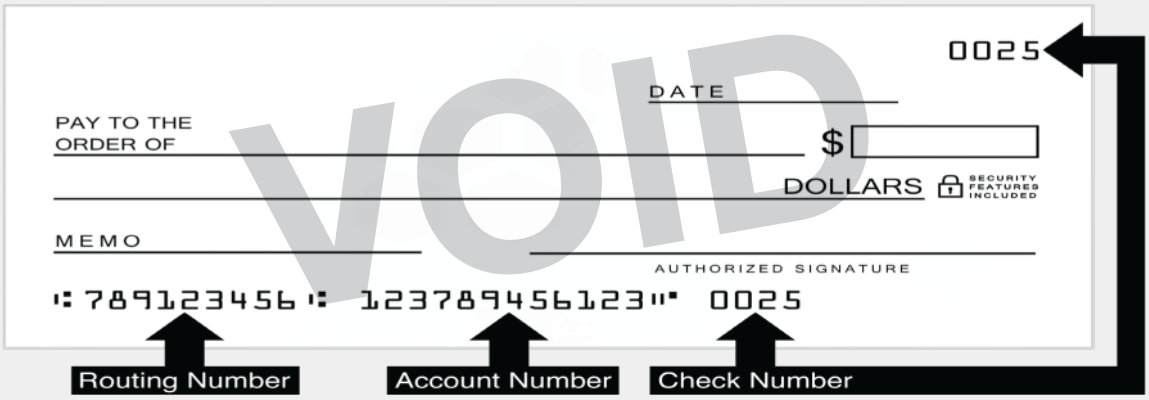
Policy Number:	Email Address:	Premium Mode: ❑ Annually ❑ Semi-Annually ❑ Quarterly ❑ Monthly	Desired Payment Date:

Complete appropriate section according to your payment method

A. ❑ CHECKING AUTHORIZATION ❑ SAVINGS ACCOUNT AUTHORIZATION

Name of Financial Institution:	
Routing/ABA Number	Account Number:
Signature of Account Holder	Date

Attach a voided check. If the authorization is for a Savings Account, attach a deposit slip.



COMPLETE FOR FAMILY BILLING/LIST BILL

Multiple policies can be paid on a single automatic draft from the same account or billed on a single billing notice. The policies can be on one person or multiple insureds, as long as they are billed on the same day. To set up Family Billing, we will need the following information:

NOTE: Family Billing/List Bill must have the same Payor for all policies listed.

Name of Payor:	Social Security Number
	X X X — X X —

Policy # *(if existing policy)*	Name of Primary Insured	Premium Amount
	Total Premium	**$**

Signature of Payor

Date