

Electronic Funds Transfer Authorization

Select "Company" (required): Pan-American Life Insurance Company | Pan-American Assurance Company

NEW APPLICATIONS ONLY

Policy Number (if known) and/or Insured Name: _____

Select **ONE** Option: Please read carefully.

Option 1: I authorize the Company indicated above to draft the initial base policy premium and initial rider premiums (including single premiums) from the bank account listed on this form. I understand that this amount will be drafted as soon as the Company approves the coverage and issues the policy contract.

If a monthly premium mode is selected on the application, I authorize subsequent premiums to draft from the bank account listed on this form. These premiums should draft monthly from the indicated bank account on the ____ day of each month. NOTE: The date must be from the 1st through the 28th only. If no date is chosen, the next draft will occur on a future date selected by the Company. If the policy date is before initial draft date, we will draft for all premium due on the date the policy contract is issued.

I understand that if a mode other than monthly is selected on my application, no additional premiums will be drafted from my bank account and I will pay all future premium payments by alternate payment methods.

Option 2: I do not authorize the initial premium to be drafted from the bank account listed on this form. I understand that I need to submit the initial premium directly to the Company.

I authorize subsequent monthly premiums to draft from the bank account listed on this form on the ____ of each month. NOTE: The date must be from the 1st through the 28th only. If no date is chosen, the next draft will occur on a future date selected by the Company.

In Force Monthly Policies Only: List all the policy numbers of the policies to be covered by this authorization.

Policy #1 _____ Policy #2 _____

Policy #3 _____ Policy #4 _____

Policy #5 _____ Policy #6 _____

Draft Monthly Premiums – I authorize a monthly draft occurring on the ____ of each month, beginning ____ (month/year).
NOTE: Date must be from the 1st through the 28th only.

Payor Information:

Full Name: _____

Social Security or Tax Identification Number:

--	--	--	--	--	--	--	--	--	--

Street Address: _____

City: _____ State: _____ Zip Code: _____



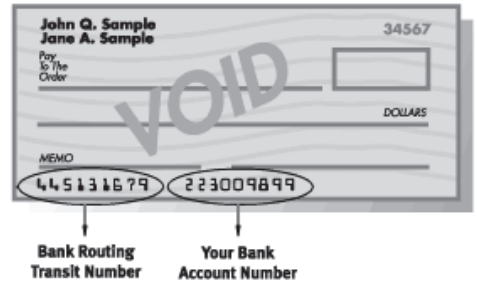
Bank Information:

Please complete all fields. Include a copy of a pre-printed, voided check or statement with the account holder name and address imprinted on the check. If you do not have a check, include a copy of your account statement where your name, address, account number and bank name are visible. We cannot accept deposit slips, starter checks, handwritten and altered checks. For savings accounts, a copy of your account statement is needed. We cannot process your payment without this information. Please include policy numbers (if possible) on the check.

Checking Savings

Name(s) of Bank Account Holder (as it appears on the account)

Name of Financial Institution



Routing Number

--	--	--	--	--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Authorization:

The undersigned authorizes, acknowledges, and requests the Company indicated above (“Pan-American Life Insurance Company” or “Pan-American Assurance Company”) to effect the payment(s) specified above and apply the payment(s) toward the premium amount owned on the policy(ies) listed above. If no specific policy number is reflected on this form, I understand that this Authorization will be used to pay premium for the policy issued resulting from the application submitted with this Authorization. However, should any of the electronic drafts be returned by the payor's bank for insufficient funds, the Company indicated above will immediately redeposit for the amount due. The Company indicated above shall incur no liability as the result of a Draft being dishonored by the bank after this form has been signed. This Authorization will not be effective until it, along with any new applications associated with it are approved by the Company indicated above. The Company indicated above will not send premium notices for policies when the option to Draft Monthly Premiums has been selected. This Authorization may be modified at any time by the Owner, Account Holder (if other than the Owner), or by the agent of record, on behalf of the Owner. The Company indicated above may terminate the Draft Monthly Premiums method upon notice to the Owner. If the Company ceases to draft Monthly Premiums for any reason, premium notices will be mailed quarterly. If selecting the option to Draft the Initial and all Subsequent Premiums, I understand that the Company indicated above will draft premium for all months due in accordance with the Policy’s Effective Date resulting in the possibility of more than one premium draft within a 30 day period. I understand and agree that the Company indicated above is not responsible for confirming the accuracy of any information, including the bank information disclosed on this form. By signing this form, the Account Holder and Owner attest to the accuracy of all information on this form. This authorization shall remain in effect unless revoked.

Account Holder Signature

Date

Policy Owner Signature (If not Account Holder)

Date

Policy Co-Owner Signature

Date

