



MUTUAL TRUSTSM
LIFE INSURANCE COMPANY

A Pan-American Life Insurance Group Stock Company

1200 JORIE BOULEVARD
OAK BROOK, ILLINOIS 60523-2269
1-800-323-7320
WWW.MUTUALTRUST.COM

Pre-Authorized Check Method of Billing

New Applications Only: Policy Number: _____ or Insured name: _____

Payment of Initial Premium:

I instruct Mutual Trust Life Insurance Company, a Pan-American Life Insurance Group Stock Company, to withdraw from the account I have specified below, the initial (choose one mode) monthly quarterly semi-annual, or annual premium payment for any policy issued as a result of the submission of the application accompanying this authorization. I understand that the amount of the initial premium will be withdrawn as soon as **Mutual Trust Life Insurance Company** approves this application and has all information needed in order to place the policy in force. **All PAC/monthly cases must be paid beyond the current draft date; additional premium may be required.**

Note to Agent: If drafting the Single Product or Rider Premium; we may contact you for written consent at Issue.

Payment of Monthly Pre-Authorized Check: I instruct Mutual Trust Life Insurance Company, a Pan-American Life Insurance Group Stock Company, to withdraw **monthly** from the account I have specified below to be used to pay ongoing premiums on any pending policy issued as a result of the submission of the application accompanying this authorization: all deductions shall be withdrawn on the _____ day of each month, beginning the month after issue.

In Force Policies Only :

Policy Number(s) : _____

Payment of Monthly Pre-Authorized Check- I instruct Mutual Trust Life Insurance Company, a Pan-American Life Insurance Group Stock Company, to withdraw **monthly** from the account I have specified below to be used to pay ongoing premiums; all deductions shall be withdrawn on the _____ day of each month, beginning _____ (month/year).

Flex Paid Up Additions: I instruct Mutual Trust Life Insurance Company, a Pan-American Life Insurance Group Stock Company, to withdraw **monthly** from the account I have specified below to be used to contribute this amount _____ to my monthly Flex PUA rider in addition to my monthly premium due.

Please note: The withdrawal day of the month must be between the 1st and the 28th only.

Account Information Authorization

Bank Account Information: Checking Savings

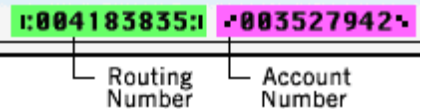
Please complete all fields. A voided check must be included with your request. If you do not have a check; please send a copy of your statement with Account Name and Bank Account Number.

Bank Account Owner Name(s) _____

Financial Institution Name _____

Account Number _____

Routing Number _____



I understand that:

- 1) The Pre-Authorized Check method will not be effective until this authorization and all applications are approved by Mutual Trust Life Insurance Company.
- 2) Mutual Trust Life Insurance Company will send no premium notices for policies listed above.
- 3) The Pre-Authorized Check method may be modified at any time by the Owner, Depositor (if other than the Owner), or by the Agent of record, on behalf of the Owner. Mutual Trust may terminate the Pre-Authorized Check method upon notice to the Owner.
- 4) If the Pre-Authorized Check method is terminated for any reason, premium notices will be mailed quarterly.
- 5) Mutual Trust Life Insurance Company is not responsible for any fees or overdraft charges resulting from Mutual Trust Life Insurance Company's withdrawing from my account pursuant to this authorization. Furthermore, Mutual Trust Life Insurance Company shall not be responsible for confirming the accuracy of any information, including the bank information, disclosed on this form. By signing this form, the Depositor and Owner (if different than the Depositor), attest to the accuracy of all information on this form.
- 6) This authorization shall remain in effect unless revoked.

Depositor(s) Signature _____ Date _____

Owner Signature (If not Depositor) _____ Date _____

