BANK BUDGET AUTHORIZATION FORM

ALL STEPS MUST BE COMPLETED

Liberty National
Life Insurance Company

STEP I: Payments on a policy must be CURRENT (Policy cannot be in arrears) to change to Bank Budget mode. Please attach the current month's premium, if necessary, before submitting this request.

STEP 2: **Print Client Name & #** _____ DIST. ___ AGY. ___ CLIENT # _____

Client (Payor) Name

Street Address

City State Zip

STEP 3: **COMPLETE "A" OR "B" BELOW TO MOVE POLICIES TO BB OR TO CHANGE BANK ACCOUNTS.**

A. Change ONLY the policies listed below:

INSURED NAME	POLICY NUMBER	PAID-TO-DATE (after attached collection, if any)	BANK DRAFT AMOUNT
			$.
			.
			.
			.
			.
			.
			.
			.
		TOTAL	$.

B. Change ALL BB policies on existing bank account; enter ONE policy from existing bank account.

INSURED NAME	POLICY NUMBER

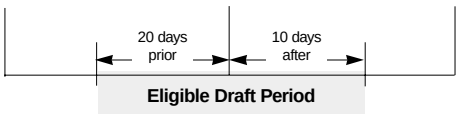
STEP 4: **COMPLETE "A" OR "B" BELOW TO DETERMINE THE DRAFT DAY:**

A. Combine with existing Bank Draft: provide information for ONE policy on existing draft as follows:

INSURED NAME	POLICY NUMBER

B. Enter Draft Day (1-28 only): _____

Note: Determine the Draft Day based on the Paid-To-Date. The Draft Day can be from 20 days before the Paid-To-Date to 10 days after the Paid-To-Date. The Draft Day cannot be on the 29th, 30th or 31st. (See example on right).



STEP 5: **ATTACH VOIDED CHECK and have payor (depositor) sign and date Bank Draft Authorization below:**

ATTACH VOIDED CHECK HERE

AUTHORIZATION TO MY BANK FOR AUTOMATIC DEDUCTION

As a convenience to me, I hereby request and authorize you to pay and charge to my account. checks or electronic debits drawn on my account by and payable to the order of the Liberty National Life Insurance Company, Birmingham, Alabama, 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 check or electronic debit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check. I further agree that if any such checks or electronic debits 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.

X _____ _____

SIGNATURE OF DEPOSITOR (as it appears on bank records) DATE

Complete for *NEW* SAVINGS ACCOUNT Draft Only:

Not all savings accounts can be drafted. Therefore, you must:

1. Call the bank with the savings account # to verify it can be drafted before completing this authorization.
2. Have the payor (depositor) sign and date the authorization and attach a bank deposait slip with the savings account # pre-printed OR complete below.

_____
BANK NAME (Please print or type)

_____
BANK ADDRESS

_____
CITY STATE ZIP

_____
SAVINGS ACCOUNT NUMBER