

AUTHORIZATION TO HONOR DRAFTS

As a convenience to me, I hereby request and authorize you to pay and charge to my account drafts drawn on my account by and payable to the Texas Life Insurance Company, Waco, Texas 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 draft shall be the same as if it were a draft drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such draft. You shall be under no obligation to determine the correctness of the amount of any draft drawn under this authority. I further agree that if any such draft 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 forfeiture of insurance.

IMPORTANT:

A VOIDED CHECK OR PRE-PRINTED DEPOSIT SLIP MUST BE ATTACHED HERE.

Please enter all policy numbers to be drafted with this authorization: _____

This authorization will become effective with the current premium due unless you request another draft start date here:

Drafts are deposited on the issue date of the policy. If a specific date is more convenient for you, please indicate the day of the month you prefer: _____

Subject to the following conditions:

- 1. I understand that such checks, drafts or other instruments shall constitute notice of premium due and, upon being charged to my account, by the bank or other financial institution, shall be my receipt for payment of the premiums.
- 2. Should any check, draft or other instrument not be honored by said bank or other financial institution upon presentation, then it is understood that such premium(s) is/are to be paid to you within the time stipulated in the policy for payment, and in default thereof, the policy(ies) shall become null and void except as otherwise provided therein.
- 3. The payment of premiums under this Plan may be discontinued by the Company or the undersigned.
- 4. This agreement may be extended by mutual consent to cover additional premium payments to the Company.
- 5. For the purpose of this form a facsimile copy of my signature shall be as valid as an original.

Signature of Account Holder

Date