**AIG**

○ **American General Life Insurance Company,** 2727-A Allen Parkway, Houston, Texas 77019

○ **The United States Life Insurance Company in the City of New York,** 28 Liberty Street, 45th Floor, New York, NY 10005-1400

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

**How Automatic Bank Draft Works:** Automatic bank draft is a debit service that offers a convenient way to pay insurance premiums. The Company will collect the insurance premiums from your bank account electronically – you do not need to write checks or mail in any payments. Premium withdrawals will appear on your bank statement, and your statements will be your receipts for payment of your premium.

| Policy Number, if available | Name of Insured/Applicant | Policy Number, if available | Name of Insured/Applicant |
|---|---|---|---|
| 4230189798 | Timothy Ferrell | | |
| | | | |
| | | | |

**PAYMENT OPTIONS:** **Please select ONLY one payment option:**

X    Draft Initial Premium and Draft Subsequent Premiums

Initial Premium: $ _66.22_____ ○ At Issue ○ At Submit (Not available for all products or Employer Sponsored Plans)
- Initial premium at issue will be drafted at the time each policy is placed inforce.
  - ○ Subsequent premiums will occur on the requested draft date, if one is requested, or the policy effective date, per the requested mode, if no date is specified.
- Initial premium will be drafted at Submit for those policies that qualify for this option. Additional initial premium due will be drafted at the time the policy is placed inforce.
  - ○ Subsequent premiums will occur on the requested draft date, if one is requested, or the policy effective date, per the requested mode, if no date is specified.

Subsequent Premiums, if different: $ _____

○  Draft Only Subsequent Premiums

Check/Complete one of the following for Initial Premium payment:

○    Check submitted with application in the amount of $ _____.
○    Check submitted on delivery.

**DRAFT DETAILS:** **Please provide the requested details.**

Preferred Withdrawal Date (1st-28th) _1st_____ **Please debit my account for all outstanding premiums due.**
If a preferred withdrawal date is chosen and draft at issue is selected, we will draft subsequent premiums on this date.
Frequency:       X   Monthly       ○   Quarterly       ○   Semi-annual       ○   Annual

Financial Institution Name _____

Financial Institution Address _____ City, State _____ ZIP _____

Type of Account:      ○    Checking      ○    Savings

Routing Number _____ (For checking account draft use routing # listed on check)

Account Number _____ (Do NOT use credit/debit card)

Bank Account Owner(s): (For business accounts, list Business and Authorized Signer Name)

Name 1 First Name (Please Print) _____ Last Name _____

Email Address 1 _____

Date of Birth 1 (MM-DD-YYYY) _____ SSN1 / TIN 1 _____

Name 2 First Name (Please Print) _____ Last Name _____

Email Address 2 _____

Date of Birth 2 (MM-DD-YYYY) _____ SSN2 / TIN 2 _____

Bank Account Owner's Address: (For business accounts, list Business Address)

Street _____ City _____ State _____ ZIP _____

**AGREEMENT:**

I (we) hereby authorize and request the Company or its representative to initiate electronic or other commercially accepted-type debits against the indicated bank account in the depository institution named ("Depository") for the payment of premiums and other indicated charges due on the contract(s) listed, and to continue to initiate such debits in the event of a conversion, renewal, or other change to any such contract(s) even if such debits differ in amount from those specified in this form. I (we) hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason of dishonor of any debit or otherwise related to this authorization.

I (we) understand that this Authorization will not affect the terms of the contract(s), other than the mode of payment, and that if premiums are not paid within the applicable grace period, the contract(s) will terminate, subject to any applicable non-forfeiture provision. I acknowledge that notice of premiums due shall be waived and that the debit appearing on my bank statement shall constitute my receipt of payment, but no payment is deemed made until the Company receives actual payment in its Service Center.

I (we) authorize the Company to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form. Any information gathered may be disclosed to any person or entity required to receive such information by law or as I may further consent.

I (we) agree that this Authorization may be terminated by me or the Company at any time and for any reason by providing thirty (30) days' written notice of such termination to the non-terminating party and may be terminated by the Company immediately if any debit is not honored by the Depository named for any reason. This request must be dated and all required signatures must be written in ink, using full legal names. This request must be dated and signed by the Bank Account Owner(s) as his/her name appears on bank records for the account provided on this authorization.

Signature of Bank Account Owner

X _____

Date _____

Signature of Bank Account Owner, if joint account

X _____

Date _____

**Please attach voided check for checking account draft or deposit slip for savings account draft.**