

**PAYOR'S CHECK-O-MATIC PREMIUM PAYMENT PLAN (Automatic Bank Draft)**

**Authorization to Insurance Company**

The Premium Payor hereby authorizes Transamerica Premier Life Insurance Company to debit his/her account or accounts by means of check or draft drawn or other order made whether by electronic or paper means at the below named financial institution for premiums that may become due under the policy as a result of this application. This authorization is to remain in effect until written notice of revocation is received at the Administrative Office of the Company or until the Check-O-Matic Premium Payment Plan is terminated in a manner provided below. I (We) expressly agree to all conditions applicable to the Check-O-Matic Premium Payment Plan including those appearing below.

**Authorization to Financial Institution**

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks, drafts and other orders whether by electronic or paper means, with such debits made to my account and drawn or directed by Transamerica Premier Life Insurance Company to its own order, provided there are sufficient collected funds in said account to pay the same upon presentation. Until you receive written cancellation of this authorization by me (or either of us), you are fully protected when you honor any of those orders. You may, however, discontinue this arrangement by giving 30 days written notice to me (or either of us) and the insurance company. Your treatment of and your rights regarding those orders, shall be the same as if I signed or initiated them. If any of those orders are not honored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability if insurance is forfeited as a result. Notice of charge for debit is hereby waived.

**Initial Payment (Must Check One Box)**

- CHECK: Check this box if you are attaching a check for the initial modal premium. The check will be deposited upon receipt of the application by the Company.
- AUTOMATIC WITHDRAWAL: Check this box to have the initial modal premium withdrawn from the account listed below. By checking this box, I/we agree that I/we want an amount sufficient to pay the initial premium due for the insurance policy withdrawn from the account. This initial premium amount may not equal the amount reflected below. I/we further understand that no insurance will be provided except under the terms of a conditional receipt which may be given at the time the application is taken, and then only if and when all conditions and requirements of the conditional receipt have been satisfied.

**Initial premium will be withdrawn upon receipt of the application by the Company and not on the day of the future recurring monthly payment stated below.**

**Account Information**

<b>TAPE VOIDED CHECK HERE</b>	
<b>If not attaching void check or if withdrawing from Savings Account, complete the following information</b>	
Bank Name, Office or Branch	
Payor Name(s)	Check one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Transit Routing Number	Account Number

**Complete the Following Information for Future Recurring Payments**

<b>Premium to Withdraw</b>	<input type="checkbox"/> Withdraw on day of the month matching the policy's effective date (this will be elected if no box is checked)
\$ _____	<input type="checkbox"/> Withdraw on a different day of the month; choose a day between 1 and 28 _____

**Signature**

<b>Payor Signature(s)</b> – as on financial institution's records. A copy is as valid as the original.	
X _____	Date: _____

**Conditions Applicable to Check-O-Matic Premium Payment Plan**

No check, draft or any other orders, either by electronic or paper means, shall constitute payment until the Company actually receives payment thereof within the period provided in the policy.

The Check-O-Matic Premium Payment Plan may be terminated by either party by giving written notice to the other.

The Check-O-Matic Premium Payment Plan does not in any manner amend or alter the terms and provisions of any policy, contract or agreement except as may be specifically stated in a policy endorsement or properly executed contract amendment.

For changes or questions call: Toll-free 1-800-851-9777

Or Write: Transamerica Premier Life Insurance Company, 4333 Edgewood Road NE, Cedar Rapids, Iowa 52499