PRE-AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER
LOYAL AMERICAN LIFE INSURANCE COMPANY℠
THIS FORM MUST BE COMPLETELY FILLED OUT TO BE ACCEPTED

<table>
<thead>
<tr>
<th>Proposed Insured’s Name</th>
<th>Policy Number (Home Office Only)</th>
</tr>
</thead>
</table>

If the account to be drafted is a Dedicated (Checking or Savings) or Savings account, fill in the shaded boxes.
If this is a Personal/Business Checking Account you must attach a voided check for processing. Staple voided checks on the box below.

SEG Name (Selected Employer Group) if applicable:

Name of Financial Institution:

Address & Phone Number of Financial Institution:

<table>
<thead>
<tr>
<th>Transit No. &amp; Routing</th>
<th>Savings or Dedicated Account No.</th>
</tr>
</thead>
</table>

Bank account is (Check appropriate box)

- Personal checking account
- Personal savings account
- Corporate/Business checking account
- Dedicated Draft Checking account
- Dedicated Share Savings account

Purpose for submitting this authorization (Check appropriate box/boxes):

- New pre-authorized payment plan
- Change in checking account
- Change in savings account
- Change in the Dedicated account noted above
- Change in bank
- Addition of new policy to plan
- Change in existing coverage

Desired date for withdrawal from checking/savings account. (Any date between the 1st and 28th of each month):__________

TOTAL AMOUNT OF PAYMENT FOR THIS POLICY $_____________________

Withdraw My Payment:__________Monthly__________Quarterly__________Semi-Annually__________Annually

APPLICANT INFORMATION FOR FINANCIAL INSTITUTIONS:
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 Loyal American Life Insurance Company provided there are sufficient funds in said account to pay the same on presentation. Such drafts will bear my printed name. This authorization shall 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. I agree that your rights in respect to any such draft shall be the same as if it were a check signed personally by me. I further agree that if any such draft is dishonored, whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

APPLICANT INFORMATION FOR LOYAL AMERICAN LIFE INSURANCE COMPANY℠:
It is understood that the drafts will be drawn on or about the requested date each month. The presentation of such drafts to the above Financial Institution shall constitute notice of premiums being due upon the contract, and no other notice of premiums due will be given. No premium shall be deemed to have been paid unless and until actual payment of the draft drawn for such premium payment has been received by Loyal American. The cancelled draft will constitute receipt of premium payment. The privilege of paying premiums under this Plan may be revoked by Loyal American if any draft is not paid upon presentation. The payment of premiums under this Plan may be terminated by the Contract Owner, Financial Institution Depositor if other than Contract Owner, or by Loyal American upon 30 days written notice.

Print name as it appears on account

Signature of depositor

I hereby authorize Loyal American Life Insurance Company to draft all back premium due for my insurance policy referenced above from this account.

L-3951 (R6/00)

Signed_________________ Date_________________