

Electronic Funds Transfer (EFT) Authorization

from Puritan Life Insurance Company of America

P. O. Box 14226
Lexington, KY 40512
Tel: 855 323.8914
Fax: 859 425.5248

Page 1 of 1

- Please fill in all appropriate information and sign where necessary.
- **Please print clearly** using blue or black ink.
- If completing electronically, fill in all blue highlighted areas. When complete, print form, sign, and return.
- Keep a copy of this form for your records.
- Please check your banking statements for payment activity after signing up for EFT.

1. Type of request *select appropriate company and indicate type of request*

2. Account owner information Puritan Life Insurance Company of America (PLICIA)

Select one: New request Change to existing EFT authorization

3. EFT information

Name _____
Social Security or Tax I.D. Number (TIN) Last 4 digits _____ Agent writing number _____
: _____ : _____

You may either attach a voided bank check or complete all information in this section as it appears on your check.

Institution name for deposit _____
E-mail address _____

To find the routing and account numbers

For checks with an ACH RT (Automated Clearing House Routing) number, please use this routing number.

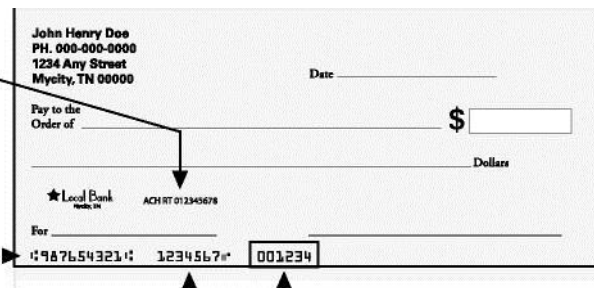
For checks with "payable through" under

Routing number _____
Account number _____

This is an example of a personal check. A business check may be different.

the bank name, please contact the financial institution to help obtain the correct Routing Number.

For all other checks, use the nine-character routing number, which appears between the I; symbols, usually at the bottom left corner of the check.



Do not use your check number, usually located here.

The account number is up to 17 characters long and appears next to the @ symbol at the bottom of the check and usually to the right of the bank routing number.

4. Signature

EFT authorization

You authorize Puritan Life Insurance Company of America to automatically transfer funds to your checking account and make adjustments to your account in the event of errors. Additionally, you authorize the named institution to complete these transactions.

This authorization is to remain in full force and effect until we receive written notice from you requesting termination or until we have sent you 10-days written notice of our intention to terminate this authorization.

Your signature indicates that you have read and understood all sections of this form.

Signature of account owner _____ Title (required if signing for an entity) _____ Date _____
X _____