



**** DRAFT AUTHORIZATION ****

DRAFT SERVICE

Date _____

To the (name of bank) _____ Bank
Of (City) _____ "Debit Card Only" Account? (Y) (N)
Bank Account No. _____ Routing/Transit No _____

You are hereby authorized to charge to my account and pay all drafts drawn by National Farm Life insurance Company, Fort Worth, Texas, Each not to exceed premiums as they are due on

Policy No.(s) _____ until otherwise
Instructed by me in writing and subject to the conditions printed on the reverse side hereof. I understand and agree that said Bank neither incurs nor assumes any liability and shall be held harmless against any and all claims which may arise in connection herewith.

Requested Day of Month to draft (1-28) _____

Your Check Signature _____

PHONE 817-451-9550 CUSTOMER SERVICE 800-772-7557 AGENCY 800-757-5440
FAX 817-451-6358 CUSTOMER SERVICE FAX 817-446-5181 ASSET MANAGEMENT 800-385-6694
WEB SITE www.nflic.com

CONDITIONS

In consideration of the National Farm Life Insurance Company, hereinafter referred to as the Company, having agreed to make drafts for premiums in the manner described on the reverse side hereof, it is hereby mutually understood and agreed:

- (1) That the arrangement for payment of premiums in this manner may be terminated by either the policy holder or the Company at any time by thirty days' notice in writing to the bank and to the opposite party, such notice to be sent by registered mail;
- (2) That the designated bank has no authority to extend the time, as provided in the policy, within which the premium may be paid, and unless the draft is honored on or before the premium paying date or within the grace period provided in the policy, the premium will not be considered as paid and the policy shall be lapsed as of the date on which such premium was due.

FAX SIGNED BANK DRAFT AUTHORIZATION

WITH VOIDED CHECK TO 817-446-5181
