

NATIONAL FARM LIFE INSURANCE COMPANY
P O BOX 1486
FORT WORTH, TX 76101-1486
PHONE 817-451-9550 TOLL FREE 800-772-7557
FAX 817-446-5181 WEB SITE www.nflic.com

ADVANCE PREMIUM DEPOSIT AGREEMENT

POLICY OWNER _____
POLICY # _____ SOCIAL SECURITY NUMBER _____ DATE _____
OWNERS SIGNATURE _____
MONTHLY AMOUNT \$ _____ EFFECTIVE DATE _____

BANK PLAN AUTHORIZATION

YOU ARE HEREBY AUTHORIZED TO CHARGE TO MY ACCOUNT AND PAY ALL DRAFTS DRAWN BY THE NATIONAL FARM LIFE INSURANCE COMPANY, FORT WORTH, TX, EACH NOT TO EXCEED PREMIUMS AS THEY ARE DUE AS INSTRUCTED BY ME IN WRITING. 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.

****PLEASE ATTACH A VOIDED CHECK FOR DRAFTING PURPOSES****

YOUR CHECK SIGNATURE _____

While this policy is in force on a premium-paying basis, and providing there is no policy loan outstanding, the Company will maintain a fund and accept deposits of \$10.00 or larger, but not to exceed twice the modal premium, for the purpose of accumulating an interest-bearing fund (a) for the payment of future premiums, or (b) for use by the Owner, in his/her sole discretion.

The balance on deposit will be credited with interest at a rate determined monthly by the Company. The Company guarantees that the rate of interest per annum shall not be less than 1%. The amounts deposited under this Agreement will not be separated from the General Assets of the Company.

If any premium on this policy is not paid when due or within the grace period provided in the policy and there are sufficient amounts on deposit, the Company will pay such premium from the amounts on deposit, notwithstanding the fact that the automatic premium loan provision of the policy shall have been requested in the application or in a subsequent written request. If any indebtedness on or secured by this policy is not paid when due, the Company may apply any amounts on deposit to pay or reduce such indebtedness.

The Owner may withdraw part or all of the amounts on deposit at any time, but no more than two partial withdrawals may be made during a calendar year.

If the death of the insured shall occur while any amount is being held by the Company under this Agreement, then such amount shall be paid as additional death benefit to the beneficiary or beneficiaries entitled to the proceeds of the policy.

This Supplemental Agreement will terminate when any loan is made from the policy's surrender values, or upon the maturity of the policy, with or without value or, when the balance in the fund becomes zero. In any such event, the amounts deposited will be payable immediately to the Owner.

CERTIFICATION—Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number.
- 2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding.

CERTIFICATION INSTRUCTIONS—You must cross out item (2) above if you have been notified by IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Signed for the Company at its Home Office in Fort Worth, Texas.



J. D. Davis, Jr.
President