

National Security Life & Annuity Company

810 Seventh Avenue, Suite 3600

New York, New York 10019

Please print all answers.

**Mail all applications and
overnight deliveries to:**

One Financial Way

Cincinnati, Ohio 45242

Policy Number: _____ **Name:** _____

Authorization Agreement For Direct Payments (ACH Debits)

(Initial to Elect) _____ Regular Monthly Debits for Recurring Premiums

I request and authorize National Security to initiate monthly debits from my bank account for the purpose of collecting premiums and/or reducing a policy loan balance for the listed policy(ies). I understand and agree that the debits will be made through and in accordance with the rules of the Automated Clearing House (ACH) and with US law. National Security will notify me in writing as to the date and amount of the initial debit. Debits will continue thereafter on a monthly basis while the policy or policies remain in force or, if the debits are to reduce a loan balance, until the policy loan has been repaid in full. Debits for premium payments or loan reduction for any policy will terminate when the policy lapses, is surrendered, matures or when National Security receives notice at its Administrative Office of the insured's death. I may revoke this authorization at any time by calling or writing National Security at the number and address above. Debits will be terminated on the next scheduled debit date that is at least ten days after National Security receives my notice to terminate the debit.

During the continuation of this Authorization, National Security will not give notice of premiums due. National Security will give me notice in writing at least ten days prior to any change in the debit amount. The option of applying dividends to reduce premiums will not be available, except for disability income policies.

I understand that if a debit is not honored by my financial institution or if I revoke this Authorization the policy may lapse at the end of the grace period, the elected non-forfeiture option may be exercised or an automatic policy loan may be taken for the amount of the premium due. National Security may terminate future debits and this authorization immediately if any debit is not honored by the bank or financial institution that holds my account.

Bank/Financial Institution

Routing Number

Account Number

Type of Account: Checking Savings Money Market *Attach voided pre-encoded check or voided pre-encoded deposit slip for account being debited.*

Add to existing ACH Debit Preferred Monthly Draft Day: _____
(Annuity contracts only; does not apply to life policies. Please note the draft can not be set for the 29th, 30th, or 31st)

Dollar Amount for Monthly Draft: \$ _____

Existing Policy Number(s): _____

Name of Insured(s) on Existing: _____

Signature/Bank Account Owner

Date