



**Acacia Life Insurance Company**  
 P.O. Box 81889, Lincoln, NE 68501  
 800-745-1112, Fax 402-467-7335  
 (Client Service Office)

**Ameritas Life Insurance Corp.**  
 P.O. Box 81889, Lincoln, NE 68501  
 800-745-1112, Fax 402-467-7335

**The Union Central Life Insurance Company**  
 P.O. Box 40888, Cincinnati, OH 45240  
 800-319-6901, Fax 513-595-2218  
 (Client Service Office)

## Electronic Fund Transfer Form

This Plan shall apply to the following policy(ies):

POLICY NUMBER	PRINT NAME OF INSURED	PREMIUM PAYMENT	LOAN REPAYMENT	PREMIUM MGT. PAYMENT
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

**\*On Universal Life and Variable Life policies, the Withdrawal Date must be on or prior to the policy date and cannot be after the 28th. (Does not apply to Union Central policies)**

Effective Month to begin automatic withdrawals: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

FOR THE PURPOSE OF:

- (1)  Collecting monthly premium. If new account, an application dated \_\_\_\_\_, \_\_\_\_\_ (Name of Proposed Insured or Annuitant)
- (2)  Collecting monthly policy loan principal and interest payments of \$ \_\_\_\_\_.  
 Where more than one policy loan is involved, each payment will be applied proportionately to each policy.

THE UNIFI COMPANIES, hereby requested and authorized, subject to its approval, to draw checks, drafts or orders monthly, whether by electronic or paper means, to be charged against the (check one):  Checking  Saving  Credit Union account of:

Name of Bank Depositor: \_\_\_\_\_ (Print Name as shown on Bank Records) \_\_\_\_\_ (Depositor's Checking Account Number, if any)

with \_\_\_\_\_ (Name of Bank and Branch Name, if any) \_\_\_\_\_ (Transit Number) (Routing Symbol)

(Address of Bank or Branch where account is maintained)

**A VOIDED CHECK IS REQUIRED FOR  
 ACCURATE ENCODING OF ACCOUNT INFORMATION  
 STAPLE CHECK HERE**

Please Do Not Submit Starter Checks or Deposit Slips

**IT IS UNDERSTOOD THAT:** Either or both of the above arrangements may be terminated by the policy owner or by the Company upon written notice. If the Bank Depositor is other than the policy owner, the Company will terminate either or both of the arrangements upon written request of such Bank Depositor. Should the Premiums cease to be paid by Electronic Payment, the Company will accept payment of quarterly, semiannual or annual premium payments at the Company's published rates in effect as of the date of the policy.

For Policies Earning Dividends: Dividends cannot be used to apply on Electronic Payment premiums. If dividends are currently being used to reduce premiums, please submit a dividend change form (UN 3379 B).

As a convenience to me, I hereby request and authorize you to pay and charge to my Account checks, drafts or orders, whether by electronic or paper means, drawn on my account by THE UNIFI COMPANIES to its own order. This authorization will 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 order.

I agree that your treatment of each such item, and your rights in respect to it, shall be the same as if it were signed personally by me. I further agree that if any such check, draft or order be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

The bank shall be under no obligation to furnish me with any special advice or notice in writing or otherwise of the payment and charge of such checks, drafts, or orders to my account.



\_\_\_\_\_  
 (Date) (Signature of Bank Depositor - as shown on Bank Records for the account to which this Authorization is applicable)