

**REQUEST FOR AUTOMATIC BANK DRAFT PLAN (ABD)**

New ABD Plan

Addition to Existing ABD Plan

**Woman's Life Insurance Society**® (the Society) is requested and authorized to each month: (1) Draw checks; (2) draw share drafts; (3) issue directions to debit a bank; or (4) initiate electronic fund transfer debits; to pay premiums for the certificate as described below. These premiums are to be charged against the account shown below.

**This paragraph is to be completed when a certificate is requested pursuant to a new application.**

This ABD plan will apply to any certificate issued on the basis of an application dated \_\_\_\_\_ in which application \_\_\_\_\_ is named as the Proposed Insured or Annuitant, or to any renewal of such certificate. The effective date of this ABD plan for such certificate, if issued, shall be determined by the Society, and such date may be after the certificate is delivered and the first premium is paid in cash.

**This paragraph is to be completed when the ABD plan is requested for a current certificate.**

Upon approval by the Society, the ABD plan will be effective for any premiums on or after \_\_\_\_\_ for Certificate No. \_\_\_\_\_ (the certificate) on the life of \_\_\_\_\_ (the certificateholder).

While this ABD plan is in effect, the Society will draw checks, draw share drafts, or effect debits as authorized above for payment due under the certificate, or if the certificate provides for flexible premiums, according to the schedule for planned premiums found in the certificate.

As long as this ABD plan is in effect, notice of premiums due shall not be required. The use of this ABD plan shall in no way alter or amend the provision of the certificate with respect to termination of such certificate upon failure to pay a premium when due.

If the certificate is a life insurance certificate which provides for flexible premiums and if the scheduled planned premiums are not sufficient to maintain a cash surrender value as defined in the certificate larger than the monthly deduction, the insurance coverage may end. If the certificate provides for flexible premiums, the amount of the ABD premium may be changed in the future pursuant to certificate terms. To do so, instructions must be given on such forms as are provided by the Society.

The undersigned agree(s) that this ABD plan will end if the certificateholder, the owner (if other than the certificateholder), or the account depositor sends the Society a written request to end it. This ABD plan may also be ended by the Society upon written notice.

If this ABD plan ends or if the full amount of any check or other debit charged for an account under this ABD plan is not received, and if no premium is unpaid beyond its grace period, further premiums (including any then due) will become payable directly to the Society. These premiums will be based on the rates in effect on the date of the certificate. They will be payable at the most frequent mode of payment which will meet the Society's rule in effect when this ABD plan ends. The Society will determine the amount payable for any period up to the time when the first premium is due under the new mode of payment.

A copy (including, but not limited to, any facsimile, photostatic or electronic copy) of this form shall have the same force as the original one. For this agreement, the term "premiums" shall include loans.

Give certificate number of any other Society certificates currently under an ABD plan: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Applicant/Owner Date Signature of Parent (If Junior Certificate) Date

**AUTHORIZATION TO HONOR CHECKS, SHARE DRAFTS OR ACCOUNT DEBITS**

Name of Depositor \_\_\_\_\_ (Print as it appears on Banking Institution records) \_\_\_\_\_ (Account Number) \_\_\_\_\_ (Please Circle One)  
Checking/Savings

To \_\_\_\_\_ (Name of Banking Institution) \_\_\_\_\_ (Branch) \_\_\_\_\_ (Transit No.)

\_\_\_\_\_  
(Address of Banking Institution or Branch where account is maintained)

As a convenience to me, I authorize you to charge to my account (a) checks, (b) share drafts, (c) electronic fund transfer debits or (d) other account debits made by and payable to the order of, the Woman's Life Insurance Society, Port Huron, Michigan, provided there are sufficient funds in the account.

I agree that your treatment of each check, share draft or debit, and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft or debit is dishonored for any reason, whether with or without cause, intentionally or inadvertently, you will not be under any liability.

I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation. You may end it earlier.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Depositor Date Signature of Other Depositor if Joint Account Date