

KEMPER LIFE

1350 Timberlake Manor Parkway • Suite 200 • Chesterfield, MO 63017-6039

ELECTRONIC FUND TRANSFER AUTHORIZATION

Reason for Request:

- New Business Policy for Underwriting - EFT Form Bank or Account Change
 Add EFT In Force Policy - EFT In Force Form Withdrawal Date Change

Existing PNO Policy Number _____

Name of Depositor: _____
(Print as Shown on Bank Records)

Name of Bank: _____ Branch: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Transit /ABA Number: _____ Account Number: _____

I request and authorize the Company checked above, hereinafter called Company, to draw on and charge my above account to pay premiums for the following policies:

| Policy/Receipt Number(s) | Name of Insured | Premium Amount |
|--------------------------|-----------------|----------------|
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with such payment to be drawn and charged on the _____ of each month.
(1st - 28th allowed)

I agree that:

- The Company may terminate this method of payment immediately with written notice if any electronic fund transfer is rejected or returned for any reason.
- I may terminate this method of payment upon 15 days prior written notice to the Company.
- If an electronic fund transfer is rejected, the premium to which the electronic fund transfer relates will be in default.

Signature of Depositor on Bank Records: _____ Date: _____

Address of Depositor: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ District: _____ Agency: _____