Aflac Universal Life Authorization

Aflac Phone: 800-225-3859 • Fax: 847-615-4943
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75 Remittance Drive Website: http://www.Aflacgroupinsurance.com

Chicago, IL 60675-6170

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

I (We) hereby authorize Aflac to initiate debit entries or charges to my (our) account, indicated below, for the payment of insurance premiums, and the depository named below, hereinafter called Financial Institution, to debit the same to such account.

Print name(s) as shown on account Print full name of financial institution or branch			Harrise Address City, State, ZIP Pay to the order of	Dat	117 ter	
			Bank Address Memo:			
Print full address o		Financial I	—ABA Routing Code	nt Number		
Financial Institution's ABA	City, State and Zip A Routing Code		Account	Number		
I:						
Type of I (We) authorize payment for t Insured's Name (Print)	(voided che	CKING/SHARE D ck must be attace		SAVINGS/SHARE Bolicy/Ceri	tificate Number	
Insured's Name (Print)	Policy/Certificate Number	_	ed's Name (Prin	<u> </u>	tificate Number	_
□ Monthly	□ Quarterly	□ Semi-An	nual [□ Annual		
This authority is to remain in f time and such manner as to a			otification from	n me (us) of its terr	mination in suc	:h
Please retain a copy for your records.				Requested Draft Date be taken within three days of selected date	e business	
					(May <u>NOT</u> be 29, 3 or 31)	30
Signature of Account Holder Print r		t name of Account	Holder	Date		
Signature of Joint Account I	Holder Print na	Print name of Joint Account Holder		Date		

Because this is underwritten by Trustmark Insurance Company, your billing statement may show Trustmark

Trustmark Insurance Company

Trustmark Life Insurance Company of New York

Lake Forest, Illinois