

Number _____



P.O. Box 724507
Atlanta, GA 31139
1-888-343-5433 #3

TERM LIFE INSURANCE BILLING FORM

(Please complete and return this to the address above)

POLICY NUMBER: _____

INSURED: _____

POLICY OWNER: _____

Please change my mode of payment to the following:

- Annual
- Semi-Annual
- Monthly (must complete Credit Card or Automatic Bank Draft section below)

Please change my method of payment to the following:

METHOD OF PAYMENT (Choose one of the following 3 payment options)
<p>1. <input type="checkbox"/> CREDIT CARD (for monthly, semi-annual and annual payments) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> <p>Credit Card Number: _____ Cardholder Billing Address: _____</p> <p>Date of Expiration: _____</p> <p>Signature of credit cardholder: _____</p>
<p>2. <input type="checkbox"/> AUTOMATIC BANK DRAFT (for monthly payments only) Your account must be with a commercial bank, savings and loan, or credit union that is a member of the Automatic Clearing House (ACH). If you are unsure, call your bank or credit union.</p> <p>Name on Bank Account: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Account Number: _____ ABA#: _____</p> <p>I authorize the Service Center to make automatic transfers of funds from my bank account/Ultra Service Account in order to make payments on my life insurance policy listed above. I further authorize my bank, listed above, to charge my account for the items drawn and payable. If I wish to end or change this authorization, I will notify the Service Center at least five business days before my scheduled transfer.</p> <p>X _____ X _____</p> <p>Signature of Depositor (as it appears on bank record) Co-Signature (if joint bank account) Date</p>
<p>3. <input type="checkbox"/> CHECK (for semi-annual or annual payments only)</p> <p>Please return check with this form made payable to: Empire Fidelity Investments Life Insurance Company</p>