



Request For Preauthorized Automatic Check (PAC) Plan

Policy Owner 1 Legal Name	Policy Owner 2 Legal Name (if applicable)	Policy Owner 1 Phone
---------------------------	---	----------------------

Policy Number(s):

I/We authorize Catholic Order of Foresters (COF) to deduct the specified premium(s) and/or policy loan repayment(s) from the bank account specified below. I/We understand the deduction(s) will occur on the date(s) selected in Section A: Banking Information. If no date is/are selected, the debit will occur on the policy due date to keep the policy/contract current.

SECTION A: BANKING/WITHDRAWAL INFORMATION

Bank Name / Branch

Bank Address	City / State / Zip
--------------	--------------------

Authorized Bank Account Holder 1 Name	Authorized Bank Account Holder 2 Name (if applicable)
---------------------------------------	---

ADDRESS
CITY, STATE ZIP

FOR _____

⑆0⑆ 23456789⑆ 0⑆ 234567890⑆ 23⑆ 0⑆ 23

Routing Number Account Number

New Applications Only

Can COF draft the initial premium? Yes No

Note: The first bank draft is not available for 1035 Exchanges or funding for the Genesis Life Product.

Choose either Monthly or Annually below by providing bank account information, payment type, and withdrawal amount.

MONTHLY	Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Routing Number	Bank Account Number
	Payment Type: <input type="checkbox"/> Premium <input type="checkbox"/> Loan <input type="checkbox"/> Annuity	Monthly Amount: \$	Withdrawal Date* (See below)
ANNUALLY	Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Routing Number	Bank Account Number
	Payment Type: <input type="checkbox"/> Premium <input type="checkbox"/> Loan <input type="checkbox"/> Annuity	Annual Amount: \$	Withdrawal Date* (See below)

***Withdrawal dates should be made on or before the issue date (1–28 only). Dates 29–31 cannot be utilized.**

SECTION B: TERMS AND CONDITIONS

It is agreed that:

- 1) COF will withdraw the total premium along with any adjustments for the specified policy(ies). Designated premium payments will not apply toward loans. You must separately specify loan repayments and amounts.
- 2) COF debits the named account(s) on the specified date(s). If no date is elected, the debit will occur on the policy's anniversary date. You will not receive a premium notice.
- 3) If the specified Withdrawal Date falls on a non-business day, the withdrawal occurs the next business day.
- 4) COF may immediately terminate the PAC Plan if any check is not paid upon presentation.
- 5) The use of the PAC Plan shall in no way alter or amend policy provisions with respect to termination.

SECTION C: AUTHORIZATION

By signing below, the Authorized Account Holder(s) acknowledge having received, read, and agreed to Section B: Terms and Conditions. Bank Account Signature(s) should appear the same as on the bank's records for the savings or checking account named in Section A: Banking/Withdrawal Information.

Authorized Account Holder 1 Signature	Date	Last 4 digits of Social Security Number:
Authorized Account Holder 2 Signature	Date	Last 4 digits of Social Security Number: