



## REQUEST FOR PREAUTHORIZED AUTOMATIC CHECK PLAN

Policy Owner 1 Legal Name	Policy Owner 2 Legal Name (if applicable)	Policy Owner 1 Phone
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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
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Authorized Bank Account Owner 1 Name	Authorized Bank Account Owner 2 Name (if applicable)
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ADDRESS \_\_\_\_\_  
 CITY, STATE ZIP \_\_\_\_\_

FOR \_\_\_\_\_

⑆0 ⑆ 234 56 78⑆⑆ 0 ⑆ 234 56 78 90 ⑆ 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 Policy Owner(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 Policy Owner 1 Signature	Date	Last 4 digits of Social Security Number:
Authorized Policy Owner 2 Signature	Date	Last 4 digits of Social Security Number: