

REQUEST FOR PREAUTHORIZED COLLECTION PLAN — I/We hereby authorize Homesteaders Life Company of Des Moines, Iowa to initiate credit or debit entries to my/our account indicated below. The entries will be in the form of checks, drafts, or orders of electronic fund transfers for the purpose of paying insurance premiums or other authorized amounts.

Name as shown on account _____ Requested draw date — 1st thru 28th _____

in the _____ of _____
 Name of Financial Institution Location

Account Number _____ Checking
 to be drafted _____ Savings

Routing Number _____

Apply to the following:
 NAME(S) POLICY NUMBER(S)

SUBJECT TO THESE CONDITIONS:

1. The debits shall be drawn on or about the due date or requested draw date for the amount due.
2. The paid entries on your bank statement will constitute receipt of payments.
3. The privilege of making payments under this plan may be revoked by the Company if any debit is not paid upon presentation.
4. The Company does not send billing notices for amounts due under the Preauthorized Collection plan.
5. The payment of premiums or other amounts due may be discontinued by the Company or the payor upon thirty (30) days written notice.

X _____
 Signature of Payor

_____ Date