



REQUEST FOR PREAUTHORIZED TRANSFER PLAN (PAT)

AUTHORIZATION & SIGNATURE

I hereby request and authorize Investors Heritage Life Insurance Company, Frankfort, Kentucky (“Investors Heritage”) to make preauthorized transfers from my bank account by way of draft, check, or electronic transfer for the payment of premiums for any policy/certificate(s) listed. This authorization shall be subject to the following conditions:

- 1. The preauthorized transfer shall occur on or after the premium due dates unless otherwise specified;
- 2. Investors Heritage shall not incur any liability on any transfer returned by the bank;
- 3. Amounts not honored by the bank after initial deposit shall constitute non-payment of premium and coverage shall lapse subject to all provisions of each policy;
- 4. This authorization may be revoked by either party upon 30 days advance written notice, and Investors Heritage may immediately revoke this request if any preauthorized transfer is dishonored by the bank when presented.

Date _____ Print Depositor’s name EXACTLY as it appears on bank records _____ Depositor’s signature EXACTLY as it appears on bank records _____

1. NEW APPLICATIONS Mark one payment option and list Insured’s first and last name.

- Single Payment Monthly Quarterly
- Semi-Annually Annually

Insured First Name _____ Insured Last Name _____

2. EXISTING POLICY INFORMATION Mark one payment option and list all existing policies to be paid.

- Monthly Semi-Annually _____
- Quarterly Annually _____

List Insured’s Name if not same as Depositor’s Name _____
Insured First Name _____ Insured Last Name _____

3. PAYMENT INFORMATION Complete for any new or existing Monthly, Quarterly, Semi-Annually and Annually requests.

Are the premiums being paid with Social Security Benefit deposits? Yes No

If “No”, enter a withdrawal date: _____

- If “Yes”, choose from the following payment dates:
 1st of month 3rd of month
 2nd Wednesday 3rd Wednesday
 4th Wednesday

Date must be 1st through 28th only. If your scheduled date falls on weekend or holiday, the withdrawal request will be made on the date prior.

4. BANK INFORMATION

Name of Bank _____

Bank or Branch Address _____

5. ACCOUNT INFORMATION Complete the following OR submit a voided check. Deposit slips not accepted.

Account Type: Checking Savings

Depositor’s Account Number:

Bank Routing Number:

Depositor’s Account Number _____

Bank Routing Number _____

