INVESTORS HERITAGE™

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REQUEST FOR PREAUTHORIZED TRANSFER (PAT)

RESET FORM

1. INSURED & POLICY INFORMATION

First Name **MI** **Last Name** **Suffix**

○ **NEW APPLICATION** ○ **EXISTING POLICY** **Is this for a new application existing policy?** List existing policies below.

2. PAYMENT INFORMATION

Mark one payment frequency. ☐ Single Payment ☐ Annually ☐ Semi-Annually ☐ Monthly ☐ Quarterly

Single Payment for New Applications Only. If Single Payment skip to section 3.

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

If "Yes", choose from the following payment dates:

☐ 1st of month ☐ 3rd of month
☐ 2nd Wednesday ☐ 3rd Wednesday
☐ 4th Wednesday

If "No", enter a withdrawal date. Must be 1st through 28th only.

Withdrawal Date: _____

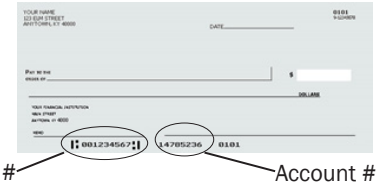
If your scheduled date falls on weekend or holiday, the withdrawal request will be made on the next business day.

3. BANK INFORMATION

Name of Bank _____

Bank or Branch Address _____

Complete the following OR submit a voided check. Deposit slips are not accepted.



Account Type: ☐ Checking ☐ Savings

Returned item: If payment is refused for insufficient funds or other reason, do you want us to automatically re-draft your account? ☐ Yes ☐ No

Bank Routing Number: ☐☐☐☐☐☐☐☐☐

Depositor's Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4. AUTHORIZATION & SIGNATURE

I authorize Investors Heritage Life Insurance Company, Frankfort, Kentucky ("Investors Heritage") to initiate ACH debit entries to my bank account listed above for payment of premiums for any policy/certificate(s) listed, and I authorize the financial institution named herein to debit my account in accordance with this authorization. I understand the amount of the debit may vary based on policy premiums and/or coverage elections. This authorization shall remain in effect until revoked and is subject to the following conditions:

1. The preauthorized transfer shall occur on or after the premium due dates unless otherwise specified.
2. If any transfer is returned, rejected, declined, or not processed for any reason, I understand the premium remains due and will be treated as unpaid until Investors Heritage receives valid payment, and that nonpayment may result in lapse or other changes in coverage in accordance with the policy/certificate terms.
3. This authorization may be revoked by me at any time by providing written notice to Investors Heritage. To allow reasonable time to act on my request, I understand Investors Heritage may require receipt of written notice at least 30 days prior to the next scheduled transfer to stop that transfer. Investors Heritage may revoke this authorization upon 30 days' advance written notice, and Investors Heritage may immediately suspend or terminate transfers if any preauthorized transfer is returned or dishonored by the bank when presented.

Date | Print Depositor's name EXACTLY as appears on bank records | Depositor's signature EXACTLY as appears on bank records