

TO SETUP OR CHANGE AUTOMATIC PREMIUM WITHDRAWAL

If you wish to setup or change your bank information please complete the information below.

1. Sign and date the authorization below
2. Attach "void" check or send verification of savings account number
3. If premium is due send payment along with authorization

Mail to: Sentinel Security Life Insurance Co.  
Attention: Premium Accounting  
PO Box 65478  
Salt Lake City, UT 84165-0478

Or

Fax to: Sentinel Security Life Insurance Co.  
Attention: Premium Accounting  
Fax No. 1-801-484-2459

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL  
PLEASE CHECK ONE,  checking  savings  
(ATTACH VOID CHECK)

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Bank Institution \_\_\_\_\_

Address \_\_\_\_\_

I hereby request and authorize Sentinel Life Insurance to withdraw funds from my account to pay the premium(s) as they become due. Your rights with each such charge will be the same as if personally paid by me. This authorization will be effective until I give you at least five business days' notice to cancel it. If any charge is dishonored for any reason, Sentinel shall not be under any liability even though such dishonor results in the forfeiture of insurance.

\_\_\_\_\_ Date

\_\_\_\_\_ Premium Payer's Signature

\_\_\_\_\_ Policy Number(s)

(Please Print)

Insured's Name \_\_\_\_\_

Insured's Address \_\_\_\_\_

Insured's Telephone Number including Area Code \_\_\_\_\_