BANK DRAFT INFORMATION

WEST COAST LIFE INSURANCE COMPANY

The company above will withdraw the premiums form the specified account. This company will be referred to hereafter as "Company".

"You", "your", "I" and "me" refer to the bank account owner whose name appears below.

How automatic bank draft works: Automatic bank draft is a debit service that offers a convenient way to pay life insurance premiums. The Company will collect the life insurance premiums from you bank account electronically – you do not need to write checks or mail in any payments. Premium withdrawals will appear on your bank statement, and your statements will be your receipts for payment of your premium.

Automatic Bank Draft Agreement

I hereby authorize and request the Company to initiate electronic or other commercially accepted-type debits against the indicated bank account in the depository institution named ("Depository") for the payment of premiums and other indicated charges due on the insurance policy, and to continue to initiate such debits in the event of a conversion, renewal, or other change to any such contract(s). I hereby agree to indemnify and hold the Company harmless from any loss, claim or liability of any kind by reason or dishonor of any debit.

I understand that this authorization will not affect the terms of the contract(s), other than the mode of payment, and that if premiums are not paid within the applicable grace period, the contract(s) will terminate, subject to any applicable nonforfeiture provision. I acknowledge that the debit appearing on my bank statement shall constitute my receipt of payment, but no payment is deemed made until the Company receives actual payment.

I agree that this authorization may be terminated by me or the Company at any time and for any reason by providing written notice of such termination to the non-terminating party and may be terminated by the Company immediately if any debit is not honored by the Depository named for any reason. This must be dated and signed by the bank account owner(s) as his/her name appears on bank records for the account provided on this authorization.

I understand that authorizing the drafting of the initial premium and providing the account information does not provide any life insurance coverage on myself or any applicant listed on the application for life insurance unless I have signed, dated and met the terms and conditions of the West Coast Life Conditional Receipt/Temporary Receipt* AND the signed and dated receipt is received by the Company along with the application for life insurance.

*Temporary Receipt ONLY available in KS.

Financial Institution Nam	e						
Financial Institution Address			City, State	City, State		ZIP	
Routing Number $ $ [:]			:				
Account Number						·	
Type of Account:	Checking	□ Saving	Credit Union:	☐ Yes	🗖 No		
Name of Primary Propos	Polic	y Number(s	s):				
	Premium Amount \$						
Frequency: D Annu	ual 🛛 🗖 Sem	ni-Annual 🛛 🛛 Qua	arterly Donthly				
Preferred Withdrawal Da	te (1 st – 28 th)	🗌 🗆 Plea	se debit my account	for all outs	tanding pren	niums due.	
Print Bank Account Own	er(s) Name						
Signature(s) of Bank Acc	count Owner(s)	X	Date	9			
Day- time Phone Numb	er						
Please complete and retur	rn to our office wit	h a <u>voided check</u> b	y one of the following m	ethods:			
Return By Mail:	West Coast Life Insurance Company P.O. Box 193892 San Francisco, CA 94119						
Return By Fax:	205-268-6829 Attn: Post Issue Department						

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