MUTUAL TRUST LIFE INSURANCE COMPANY℠
A Pan-American Life Insurance Group Stock Company

1200 Jorie Boulevard
Oak Brook, Illinois 60523-2269
1-800-323-7320
www.mutualtrust.com

Pre-Authorized Payment Plan Request

☐ I instruct Mutual Trust Life Insurance Company, a Pan-American Life Insurance Group Stock Company to withdraw **monthly** from the account I have specified below, an amount to be used to pay premiums on the policy(ies) listed below. All deductions shall be withdrawn on the _____ day of each month, beginning _____ (month/year).

Policy Number(s): _____ _____ _____ _____

_____ _____ _____ _____

☐ Automatic Loan Repayment (ALR): Withdraw an additional amount of $_____ each month and apply it to reduce the policy loan on Policy Number _____. If this monthly amount exceeds the amount needed to repay the loan in full, the amount withdrawn will be adjusted to the payoff amount and the Automatic Loan Repayment will end.

Please note: The withdrawal day of the month must be between the 1st and the 28th only.

Account Information

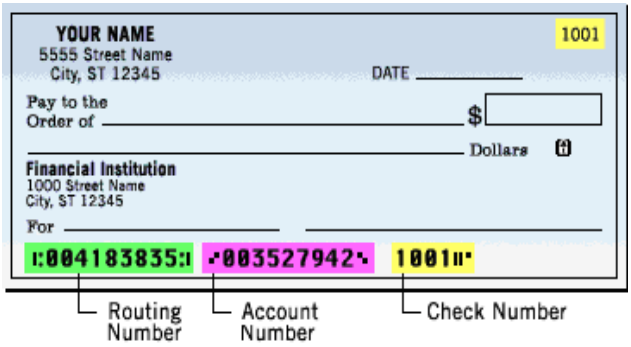
Account Type ☐ Checking ☐ Savings ☐ Add to existing Pre-Authorized Payment Plan Policy Number _____

_____
Bank Name

_____ _____
Account Number Routing Number

_____
Address

_____ _____ _____
City State Zip Code



Attach a voided check to the bottom of this form.
If you do not have a check, attach a letter of verification from your financial institution. If you are adding a new policy to an existing plan, complete the "Account Information" and no void check or letter of verification is required.

- *Photocopies will be accepted.*

Authorization

I understand that:

1) The Pre-Authorized Payment Plan will not be effective until this authorization is approved by Mutual Trust Life Insurance Company.
2) Mutual Trust Life Insurance Company will send no premium notices for the policies listed above.
3) The Pre-Authorized Payment Plan may be modified at any time by the Owner, Depositor (if other than the Owner), or by the Agent of record, on behalf of the Owner. Mutual Trust may terminate the Pre-Authorized Payment Plan upon notice to the Owner.
4) If the Pre-Authorized Payment Plan is terminated for any reason, premium notices will be mailed quarterly.
5) Mutual Trust Life Insurance Company is not responsible for any fees or overdraft charges resulting from Mutual Trust Life Insurance Company's withdrawing from my account pursuant to this authorization. Furthermore, Mutual Trust Life Insurance Company shall not be responsible for confirming the accuracy of any information, including the bank information, disclosed on this form. By signing this form, the Depositor and Owner (if different than the Depositor), attest to the accuracy of all information on this form.
6) This authorization shall remain in effect unless revoked.

_____ _____ _____ _____
Depositor(s) Signature Date Owner Signature (If not Depositor) Date