

REQUEST FOR PREAUTHORIZED PAYMENT PLAN

For the purpose of premium payment and/or loan repayment, I hereby request and authorize **American United Life Insurance Company** (the "Company"), to make a debit transfer from my bank account by way of draft, check, or electronic transfer under its Preauthorized Payment Plan (the "Plan") for the following contract(s):

CONTRACT OR APPLICATION NUMBER

NAME OF PROPOSED INSURED

I authorize the bank named below to process such debit as though it were a check signed by me. This plan shall continue in effect unless and until terminated by me or the Company by thirty (30) days written notice to the other party. The Company shall incur no liability by reason of the dishonor of any debit transfer. The user of the Plan shall in no way alter or amend the provisions of the contract(s) with respect to the termination of such contract(s) upon nonpayment of premium due.

NAME AND ADDRESS OF BANK:

TYPE OF ACCOUNT: ___ Checking ___ Savings

BANK ACCOUNT NUMBER: _____

BANK NUMBER: _____

FREQUENCY OF DEBIT TRANSFERS:

___ Monthly

DATE

SIGNATURE OF DEPOSITOR AS IT APPEARS ON BANK RECORDS

ATTACH SAMPLE OF VOIDED CHECK

11-1014-AUL

AUTHORIZATION TO HONOR WITHDRAWALS MADE BY AMERICAN UNITED LIFE INSURANCE COMPANY, INDIANAPOLIS, INDIANA

As a convenience to me, I hereby request and authorize you to pay and charge to my account debits drawn on my account by and payable to **American United Life Insurance Company** provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. This authorization is to remain in effect until revoked by me in writing. I further agree that if any such debit is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

NAME AND ADDRESS OF BANK:

BANK ACCOUNT NUMBER: _____

BANK NUMBER: _____

PRINT NAME OF DEPOSITOR AS IT APPEARS ON BANK RECORDS

DATE

SIGNATURE OF DEPOSITOR AS IT APPEARS ON BANK RECORDS

11-1014-AUL

TO THE BANK NAMED ON THE REVERSE SIDE

So that you may comply with your depositor's request American United Life Insurance Company (the 'Company') agrees that:

- (1) It will indemnify and hold you harmless from any liability to any person having an account with you arising out of the payment by you of any draft, check, or electronic transfer drawn by the Company on the account of such person, or arising out of the dishonor by you, whether with or without cause or intentionally or inadvertently, of any such draft, check, or electronic transfer drawn by the Company, whether or not such claim or liability asserted against you be based upon the forfeiture or alleged forfeiture, of a contract of insurance the premium on which is sought to be collected by the Company by any such draft, check, or electronic transfer; and
- (2) It will refund to you any amount erroneously paid by you on any such draft, check, or electronic transfer if claim for the amount of such erroneous payment is made by you within twelve months from the date of the draft, check, or electronic transfer on which such erroneous payment was made.

AMERICAN UNITED LIFE INSURANCE COMPANY